FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

Block 12 or Block 13 if changed, or on an attachment with an address

FILED May 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)662468 JEFF INVESTMENTS, INC. Principal Place of Business Mailing Address 3317 S 8TH ST 3317 S 6TH ST TACOMA WA 98405 TACOMA WA 98405 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/08/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2066650 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 Personal Property Tax due June 30. 26 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WALLS, JAMES R 4432 SPRING PARK RD 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32207 83 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.

SIGNATURE

4-13-98 (NOTE Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Change ☐ Addition TITLE 1.1 TITLE Walls, James R. NAME 1.2 NAME 4432 SPRING PARK RD STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32207 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE WALLS, JEFFREY D NAME 2.2 NAME 3317 SO 8TH 2.3 STREET ADDRESS STREET ADDRESS TACOMA WA 98405 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City-St-ZIP CITY-ST-21P DELETE Channe Addition 5.1 TITLE 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST-ZIP DELETE Addition TITLE 61 TITLE

> 6.2 NAME 6.3 STREET ADDRESS

14. Thereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

J. Robert Walls A Robert Wills

2756-586