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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 26, 1999 8:00 am Secretary of State 02-26-1999 90027 006 \*\*\*150.00

	VIEW # 6/0202				}				
1. Corporation Name									
J'SODAC	COR, INC.								
Principal Place of Business Mailing Address						( 196)in attil tanti nåtta tinti ni			11 41411 VIBIL 1441
1436 N 4TH ST 1436 N 4TH ST									
HIGHLANDS N 28741 HIGHLANDS N 28741						DO NOT WE	TE IN TUIC	SDACE	
us us					<u> </u>	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
						05/15/1980			
Principal Place of Business     2a. Mailing Address						FEI Number			Applied For
21 26						59-2109331			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired			5 Additional Required
22		City & State				- Flankin Figure			May Be
City & State	e	<b>⊢</b> ′			'	<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>		•	ed to Fees
Zip	Country	Zip	Country			B. This corporation owes the cur	rent vear Inta		
24	25 29		30		'	Personal Property Tax.	ion your inc	∐Yes	□No
24	9. Name and Address of Current	<del></del>	<u> </u>		10	0. Name and Address of New	Registered /	gent	
			81	Name					
CAGLE, PETER B.			82	Street A	Address	(P.O. Box Number is Not Accept	ahle)		
6075 SUNSET DR STE 203			62	Sileer	MUUI 035 I	(F.O. DOX Number is Not Accept			
MIAN	/II FL 33143		83						
			84	City				85 Zi	ip Code
				, ,	F <u>L     `</u>			`	
11, Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607,1508, Florida Statutes,	the above	e-named o	corporati	on submits this statement for the	purpose of o	hanging	its registered
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	a Statutes	ine corpo i.	JI a HOH S	board of directors. Thereby acce	pt the appoin	inoni as	/og.b.c.co
SIGNATURE									_
	Signature, typed or printed name of registered agent			nt signature re	equired when	n reinstating) ADDITIONS/CHANGES TO OF	DATE	O DIREC	TODE IN 12
12.	OFFICERS AND	D DIRECTORS  DELETE	13.	T		ADDITIONS/CHANGES TO OF	-FICERS AN	☐ Chang	
TITLE	HERNANDEZ, JUANITA		1.2 NAME					<u> </u>	
NAME	1436 N 4TH ST								
STREET ADDRESS	HIGHLANDS N 28741		1.3 STREET ADDRESS						
ST-ZIP			1.4 CITY-ST-ZIP 2.1 TITLE					Chang	ge Addition
TITLE NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS						
CITY-ST-ZIP	DECORAH IA 52101		2.4 CITY-ST-ZIP			•			
TITLE	0	☐ DELETE	3.1 TITLE					Chang	ge Addition
NAME	HERNANDEZ, JEFFREY M	MERROR!	3.2 NAME	l					
STREET ADDRESS	HERNANDEZ, JEFFREY M 2093 SADDLE-RIDGE LANE MARIETTA GA 30062	THIS IS THE SAME	3.3 STREE	T ADDRESS	-				
CITY-ST-ZIP	MARIETTA GA 30062	1415 13 D	3.4. CITY-5	ST-ZIP					
TITLE	S	☐ DELETE	4.1 TITLE	-	,			Chang	ge Addition
NAME	STATE OF THE OF THE		4. 2 NAME				١.٥		
STREET ADDRESS	1809_COLF-COURSE ROAD				ı	63 E. SUNCREST			
CITY-ST-ZIP	EVELETH MIN 8878+		4.4 CITY-S	iT-ZIP	515	FRRA VISTA, AZ. 8	<u> 5635</u>	[7] Oh	
TITLE	☐ DELETE		5.1 TITLE					Chang	ge Addition
NAME			5.2 NAME						
STREET ADDRESS	1		5.3 STREET ADDRESS 5.4 City-St-ZiP		Ì				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	11-ZIP	<u> </u>			Chang	ge Addition
TITLE		[] DELETE	6.2 NAME	ļ	<b> </b>			5/10/16	,- Carisaisai
NAME				T ADDRESS	ĺ				
STREET ADDRESS									
CITY-ST-ZIP	L		6.4 CITY-S	11-21	J C4	an 440 07(2)(i) Elorida Statutos	1 further cort	if that th	no information

14. I hereby certify 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 Block 12 or Block 13 if dranged or on any attachment with an address, with all other like empowered.

SIGNATURE: