

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

**FILED**

**Mar 12 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 678781 (6)**

1. Corporation Name  
**JAKATO, INC.**



Principal Place of Business <b>3010 S. THIRD ST. #A JACKSONVILLE BEACH FL 32250</b>	Mailing Address <b>3010 S. THIRD ST. #A JACKSONVILLE BEACH FL 32250</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/10/1980</b>	
21	22	23	24	25	26
Suite, Apt. #, etc.		City & State		Zip	
27		28		29	
Suite, Apt. #, etc.		City & State		Zip	
23		24		25	
City & State		City & State		Zip	
26		27		28	
Suite, Apt. #, etc.		City & State		Zip	
28		29		30	
City & State		City & State		Zip	
29		30		31	
Suite, Apt. #, etc.		City & State		Zip	

4. FEI Number <b>59-2015048</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PATTERSON, LAWRENCE R  
K3010 S. THIRD ST., STE. 1  
JACKSONVILLE BEACH FL 32250**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	<b>BLACK, SARAH U</b>	
STREET ADDRESS	<b>537 LAKE RD</b>	
CITY-ST-ZIP	<b>PONTE VEDRA BCH, FL00000</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>BLACK, JAMES T.</b>	
STREET ADDRESS	<b>3351 BOX DRIVE</b>	
CITY-ST-ZIP	<b>DALTON GA</b>	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	<b>MERRIAM, KAREN J.</b>	
STREET ADDRESS	<b>3598 TUCKERS FARM</b>	
CITY-ST-ZIP	<b>MARIETTA GA</b>	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	<b>BLACK, JAMES W</b>	
STREET ADDRESS	<b>537 LAKE RD</b>	
CITY-ST-ZIP	<b>PONTE VEDRA, FL 00000</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>Ponte Vedra Bch., FL 32082</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>8165 Cobb Center Drive</b>
2.4 CITY-ST-ZIP	<b>Kennesaw, GA 30152</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>Marietta, GA</b>
3.4 CITY-ST-ZIP	<b>30067</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>Ponte Vedra Bch., FL 32082</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address.

SIGNATURE: *James W. Black* James W. Black 3/3/98 904-785-6553

CR2E034 (10/97)