

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

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Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90042 010 \*\*\*150.00

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PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 828225

1. Corporation Name  
JAMAC CORP.

Principal Place of Business  
2409 U.S. 41 SOUTH  
P.O. BOX 728  
VINCENNES IN 47591

Mailing Address  
2409 U.S. 41 SOUTH  
P.O. BOX 728  
VINCENNES IN 47591



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/30/1972

4. FEI Number  
35-1069927

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

29

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REEVES, RICHARD W  
100 E. MADISON STREET  
SUITE 204  
TAMPA FL 33601

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME PT MCCORMICK, C JAMES  
STREET ADDRESS 2500 GRANDVIEW DRIVE  
CITY-ST-ZIP VINCENNES IN

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  DELETE  
NAME V MCCORMICK, MICHAEL D  
STREET ADDRESS 4310 ROYAL PINE BLVD.  
CITY-ST-ZIP INDIANAPOLIS IN

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS 11905 County Road 500 South  
2.4 CITY-ST-ZIP Zionsville, IN 46077

TITLE  DELETE  
NAME V MCCORMICK, CJ  
STREET ADDRESS R. R. #4 BOX 110  
CITY-ST-ZIP VINCENNES IN

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS PO Box 728  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/99 812/882-4360

CR2E034 (1/1/98)