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

CITY-ST-ZIP

SIGNATURE:

FILED Apr 15 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # F03621 (2) JC MARKETING, INC. **Principal Place of Business** Mailing Address TRADERS JIM 3757 SOUTH MILITARY TRAIL 3757 SOUTH MILITARY TRAIL DO NOT WRITE IN THIS SPACE LAKE WORTH FL 33463 LAKE WORTH FL 33463 3. Date Incorporated or Qualified <u>10/29/1980</u> 2a. Mailing Address 2. Principal Place of Business Applied For 59-2036903 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name **EUBANKS, JAMES** 3757 SOUTH MILITARY TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33463 83 84 City Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature require ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change DELETE 1.1 TITLE TITLE **EUBANKS, JAMES** NAME 1.2 NAME 14405 STROLLER WAY 1.3 STREET ADDRESS STREET ADDRESS **WELLINGTON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME WARD, CARLTON 2.2 NAME STREET ADDRESS 224 ORANGE TREE DR 2.3 STREET ADDRESS ATLANTIS FL 2.4 CITY - ST - ZIP CITY - ST- ZIP DELETE Addition Change TITLE 3.1 TITLE EARL, MICHELLE NAME 3.2 NAME STREET ADDRESS 8866 ARROWHEAD DR 3.3 STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Change DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

MAGIS EUBANKS

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