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Mar 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F15405

(6)

Corporation Name  
J.S. JEANIE, INC.



Principal Place of Business  
244 N. CAUSEWAY  
P.O. BOX 24  
NEW SMYRNA BEACH FL 32169-5232

Mailing Address  
244 N. CAUSEWAY  
P.O. BOX 24  
NEW SMYRNA BEACH FL 32170-0024  
US

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
01/20/1981

3a. Date of Last Report  
06/03/1996

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

4. FEI Number  
59-2061294

Applied For  
Not Applicable

22. City & State

27. City & State

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

23. Zip

Country

28. Zip

Country

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

24. Zip

Country

29. Zip

30. Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FEGER, WILLIAM F., JR.  
244 N CAUSEWAY; POB 24  
NEW SMYRNA BEACH FL 32069

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

(NOTE: Registered Agent's signature required when reinstating.)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PD  
FEGER, WILLIAM F JR  
244 N CAUSEWAY; POB 24  
NEW SMYRNA BCH FL  
ST  
FEGER, EMMA MAY  
244 N CAUSEWAY; POB 24  
NEW SMYRNA BCH FL

☐ DELETE

11. TITLE  
12. NAME  
13. STREET ADDRESS  
14. CITY - ST - ZIP

☐ Change ☐ Addition

☐ DELETE

21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY - ST - ZIP

☐ Change ☐ Addition

☐ DELETE

31. TITLE  
32. NAME  
33. STREET ADDRESS  
34. CITY - ST - ZIP

☐ Change ☐ Addition

☐ DELETE

41. TITLE  
42. NAME  
43. STREET ADDRESS  
44. CITY - ST - ZIP

☐ Change ☐ Addition

☐ DELETE

51. TITLE  
52. NAME  
53. STREET ADDRESS  
54. CITY - ST - ZIP

☐ Change ☐ Addition

☐ DELETE

61. TITLE  
62. NAME  
63. STREET ADDRESS  
64. CITY - ST - ZIP

☐ Change ☐ Addition

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 included 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 or 14 changed, or on an attachment with an address.

SIGNATURE:

Emma May Feger, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/97 904-428-4441

DATE

DAYTIME PHONE #

CR2E034 (9/96)