

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

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**May 05 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F82332 (0)
1. Corporation Name JENCOM, INC.



Principal Place of Business: 2528 EAST AVENUE, P O BOX 16093, PANAMA CITY FL 32406
Mailing Address: 2528 EAST AVENUE, P O BOX 16093, PANAMA CITY FL 32406

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 2921 Hwy. 77, Baldwin Plaza, Panama City, FL 32405, Bay
2a. Mailing Address: 26 2921 Hwy 77, BALDWIN Plaza, Panama City, FL. 32405, Bay

3. Date Incorporated or Qualified: 05/21/1982
4. FEI Number: 59-2247669
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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: JENSEN, ROXANNE J., 2528 EAST AVENUE, PANAMA CITY FL 32406

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable): 2921 Hwy 77, 84 City: Panama City, FL, 85 Zip Code: 32405

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: Roxanne Jensen DVT, DATE: 4/24/98

12. OFFICERS AND DIRECTORS

TITLE	DVT	<input type="checkbox"/> DELETE
NAME	JENSEN, ROXANNE J	
STREET ADDRESS	3229 JENKS AVENUE	
CITY-ST-ZIP	PANAMA CITY, FL 00000	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	JENSEN, ROBERT C	
STREET ADDRESS	3229 JENKS AVENUE	
CITY-ST-ZIP	PANAMA CITY, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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: Roxanne Jensen, DATE: 4/24/98, 85A-769-2811

CR2E034 (10/97)