

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 29 1998 8:00am
Secretary of State

DOCUMENT # **F97000003051 (6)**

1. Corporation Name

J. S. ROSS & ASSOCIATES, INC.

Principal Place of Business

**4446 HENDRICKS AVE., #305
JACKSONVILLE FL 32207**

Mailing Address

**4446 HENDRICKS AVE., #305
JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1997

4. FEI Number

58-1085609

Applied For

Not Applicable

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

2. Principal Place of Business

21 22910 NE 25th Ave. Rd.

2a. Mailing Address

26 22910 NE 25th Ave Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Citra, FL

28 Citra, FL

Zip

Country

Zip

Country

24 32113

25 USA

29 32113

30 USA

9. Name and Address of Current Registered Agent

**ROSS, JAMES S
4446 HENDRICKS AVE., #305
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name JAMES S. ROSS

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

22910 NE 25th Ave Rd

83

84 City Citra

FL

85 Zip Code 32113

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 607.0509, Florida Statutes.

SIGNATURE

James S. Ross, Pres. **JAMES S. ROSS, PRES** **7/23/98**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CPT** ☐ DELETE

NAME **ROSS, JAMES S**
STREET ADDRESS **4446 HENDRICKS AVE., #305**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **DS** ☐ DELETE

NAME **ROSS, LINDA H**
STREET ADDRESS **4446 HENDRICKS AVE., #305**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CPT** ☐ Change ☐ Addition

1.2 NAME **ROSS, JAMES S**
1.3 STREET ADDRESS **22910 NE 25th Ave Rd.**
1.4 CITY-ST-ZIP **Citra FL 32113**

2.1 TITLE **DS** ☐ Change ☐ Addition

2.2 NAME **ROSS, LINDA H**
2.3 STREET ADDRESS **22910 NE 25th Ave Rd**
2.4 CITY-ST-ZIP **Citra FL 32113**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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.

SIGNATURE

James S. Ross, Pres.

7/23/98

32113

CR2E034 (5/98)