

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # F98000000540

1. Corporation Name

JJ SPECIALTY SERVICES, INC.

Principal Place of Business

9420 RESEARCH BLVD., STE. 300  
AUSTIN TX 78759

Mailing Address

9420 RESEARCH BLVD., STE. 300  
AUSTIN TX 78759

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90205 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1998

4. FEI Number

74-2445066

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

21 9229 WATERFORD CENTRE BLVD

2a. Mailing Address

26 PO Box 20655

Suite, Apt. #, etc.

22 100

Suite, Apt. #, etc.

27

City & State

23 AUSTIN TX

City & State

28 AUSTIN TX

Zip

24 78758

Country

25 USA

Zip

29 78755

Country

30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

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

TITLE CTY ☐ DELETE

NAME MARTIN, WILLIAM I JR.

STREET ADDRESS 2803 HATLEY

CITY-ST-ZIP AUSTIN TX 78746

TITLE CP ☐ DELETE

NAME FEY, FRANCIS J

STREET ADDRESS 2209 TRAIL OF THE MADRONES

CITY-ST-ZIP AUSTIN TX 78746

TITLE V ☒ DELETE

NAME KING, MARTHA

STREET ADDRESS 7500 CLEMATIS COVE

CITY-ST-ZIP AUSTIN TX 78750

TITLE SV ☐ DELETE

NAME FRANCIS, SAMUEL D

STREET ADDRESS 11 SUGAR CREEK DR.

CITY-ST-ZIP AUSTIN TX 78746

TITLE V ☐ DELETE

NAME MOORE, DON C

STREET ADDRESS 2907 BRANDY LANE

CITY-ST-ZIP GEORGETOWN TX 78628

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 #

CR2E034 (11/98)