2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State
03-27-2000 90099 008 ***150.00

DOCUMENT # F98000004860

1. Entity Name

JELKS, MCLEES & BOGGS, INC.

Principal Place of Business	Mailing Address
7805 RITTENHOUSE LANE JACKSONVILLE FL 32256	7805 RITTENHOUSE LANE JACKSONVILLE FL 32256-3631

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
155 Franklin Street	155 Franklin Street
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. Box 975
City & State Macon, GA	City & State Macon, GA
Zip 31201 Country USA	Zip 31202 Country USA

4. FEI Number 58-0912595 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCLEES, RUBERT H
8095 PINE LAKE RD.
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name: McLees, Rubert H.

Street Address (P.O. Box Number is Not Acceptable): 7805 Rittenhouse Lane

City: Jacksonville **FL** Zip Code: 32256

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP JELKS, JORDAN O 155 FRANKLIN ST. MACON GA 31202-0975	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CT MCLEES, WILLIAM G JR. 155 FRANKLIN ST. MACON GA 31202-0975	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BOGGS, PAUL J 155 FRANKLIN ST. MACON GA 31202-0975	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MCLEES, WILLIAM G 155 FRANKLIN ST. MACON GA 31202-0975	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William G. McLees William G. McLees 03/22/00 912/745-6514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #