2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # G30471** JLN COMPANY, INC. Principal Place of Business Mailing Address 10609 OLD ST. AUGUSTINE ROAD 10609 OLD ST. AUGUSTINE ROAD JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country 6. Name and Address of Current Registered Agent Name NICHOLSON, JAMES L., JR. 10609 OLD ST. AUGUSTINE ROAD

JACKSONVILLE FL 32257

9. This corporation is eligible to satisfy its Intangible

JACKSONVILLE FL

NICHOLSON, GAIL Y

JACKSONVILLE FL

JACKSONVILLE FL

NICHOLSON, JAMES L. JR

10609 OLD ST. AUGUSTINE

10609 OLD ST. AUGUSTINE

WATTERSON, ROBERT T.

10609 OLD ST. AUGUSTINE ROAD

Tax filing requirement and elects to do so.

(See criteria on back)

DS

11.

TITLE

NAME

TITLE NAME

TITLE

TITLE NAME STREET ADDRESS

TITLE

NAME

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NAME STREET ADDRESS

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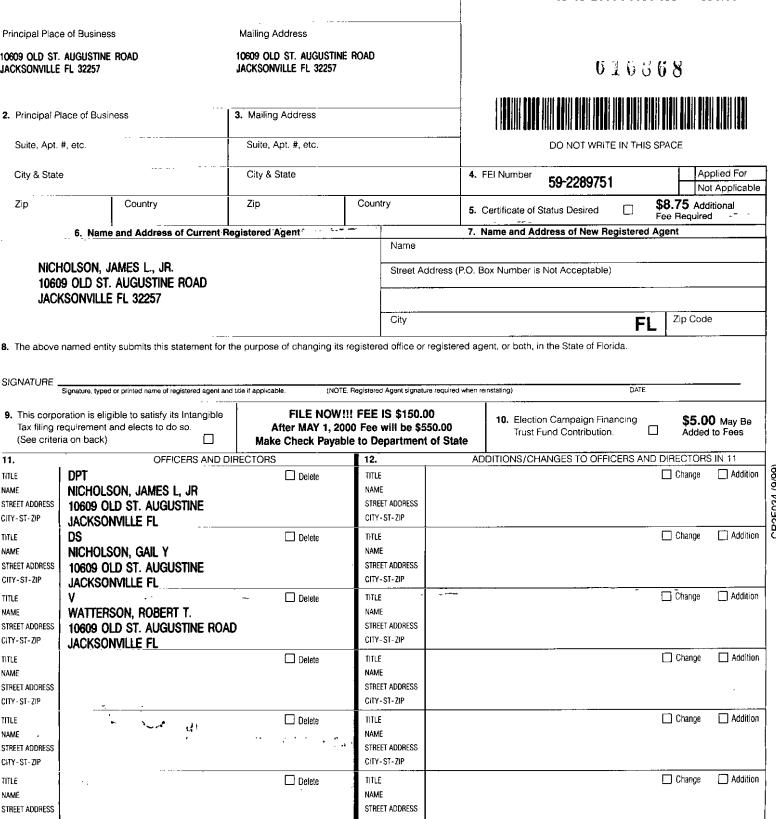
CITY-ST-ZIP

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

OFFICERS AND DIRECTORS

FILED Mar 03, 2000 8:00 am **Secretary of State**

03-03-2000 90016 033 ***150.00



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

CITY-ST-ZIP

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

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