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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90147 001 ***150.00

DOCUMENT # G41512 1. Corporation Name

JAEL,	INC
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RT 1 BOX 151 P.O. BOX 1080 HILLIARD FL 32046 HILLIARD FL 32046 HILLIARD FL 32046 HILLIARD FL 32046 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 3. Cectificate of Status Desired 3. Fee Required 4. Election Campaign Financing 4. Fee Required 5. Country 5. Certificate of Status Desired 6. Election Campaign Financing 7. Trust Fund Contribution 7. Added to Fees 7. Trust Fund Contribution 7. Added to Fees 7. Trust Fund Contribution 7. Added to Fees 8. This corporation owes the current year Intangible 8. This corporation owes the current year Intangible 9. Name and Address of Current Registered Agent 8. This corporation owes the current year Intangible 9. Name and Address of New Registered Agent 8. Name 8. ADKINS.MAX 7. Fee LAKE FOREST CIRCLE PORT RICHEY FL 34668 8. ADKINS.MAX 7. See LAKE FOREST CIRCLE PORT RICHEY FL 34668 8. ADKINS.MAX 7. See Lake Forest Circle PORT RICHEY FL 34668 8. ADKINS.MAX 8. Street Address (P.O. Box Number is Not Acceptable) 8. Surent Address of directors. I hereby accept the appointment as registered of 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 of 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 of 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 of the agent. and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 1. PoFFICERS AND DIRECTORS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	UALL, INO										
P.O. BOX 1080 HILLIARD FL 32046 HILLIARD FL 32046 HILLIARD FL 32046	Principal Plac	Principal Place of Business Mailing Address			3,33151)						
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2. Principal Place of Business 2a. Mailing Address 59-2327231 Sulte, Apt. #, etc. Sulte, Apt. #, etc. 22 27 City & State City & State City & State City & State 28 Zip Country Zip Country Zip Country Zip Country Added to Fees Added to Fees Not Applicable Fee Required Fee Required Fee Required Fees Required Fe							'				
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Zip Country Zip Country 25	City & Sta	te	<u></u>	е			1 1 1			•	
9. Name and Address of Current Registered Agent ADKINS,MAX 7566 LAKE FOREST CIRCLE PORT RICHEY FL 34668 82 Street Address (P.O. Box Number is Not Acceptable) 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 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD ADKINS,MAX	Zip		<u>⊢</u> ¬ '	30	1	у		-	. [∃No	
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7566 LAKE FOREST CIRCLE PORT RICHEY FL 34668 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 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 bits if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD					8	Name					
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 11 TITLE NAME ADKINS,MAX 12 NAME	SIGNATURE						DAT				
TITLE PD DELETE 11 TITLE Change Addition NAME ADKINS,MAX 12 NAME 12 NAME	42			(NOTE: Reg		ent signature requi	Too whom to work and the contract of the contr		CTOF	S IN 12	
NAME ADKINS,MAX 1.2 NAME				DELETE		·T				Addition	
		1.0			1.2 NAME						
	STREET ADDRESS				1.3 STRE	ET ADDRESS					

☐ Addition PORT RICHEY_FL CITY-ST-ZIP 1.4 CiTY-ST-ZIP Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME ADKINS, JOAN RT 1 BOX 151, PO BOX 1080 2.3 STREET ADDRESS STREET ADDRESS HILLIARD FL 2. 4 CITY+ST-ZIP CITY-ST-ZIP Addition Change □ DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4 3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change Addition DELETE TITLE NAME 6.3 STREET ADDRESS

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tal arrayal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an adjiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied indicated on this annual report or supplience officer or director of the coloration do the officer or director of the co Block 12 or Block 13 if ch

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)