

2000 UNIFORM BUSINESS REPORT (UBR)

0019101

DOCUMENT # G86081

1. Entity Name

JOHUBOKE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -8 AM 10:00

Principal Place of Business

Mailing Address

HWY A1A-ONEAL

P. O. BOX 937

FERNANDINA BEACH FL 32034

HWY A1A-ONEAL

P. O. BOX 937

FERNANDINA BEACH FL 32035-0937



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2384308

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POOLE, WESLEY R. (ATTORNEY AT LAW)
303 CENTRE STREET
SUITE 200
FERNANDINA BEACH FL 32034

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	DP	<input type="checkbox"/> Delete
NAME	TOLLISON, H. KENNETH	
STREET ADDRESS	4000 S. FLETCHER AVE.	
CITY-ST-ZIP	FERNANDIANA BCH. FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TOLLISON, JR., HUGH K.	
STREET ADDRESS	3325 CORAL PARK DR.	
CITY-ST-ZIP	BURNSWICK GA	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BOATRIGHT, J. C.	
STREET ADDRESS	3998 MINNLOTA AVE.	
CITY-ST-ZIP	FERNANDINA BCH FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WRIGHT, JOE C.	
STREET ADDRESS	ROUTE 5 BOX 148	
CITY-ST-ZIP	DOUGLAS GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

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****150.00 ****150.00

8/3/8

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:

Signature of Hugh K. Tollison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-2000

Date

(904) 241-8400

Daytime Phone #

CR2E034 (9/99)