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

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # 1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State

05-05-1999 90219 002 ***150.00

IHARIN	ADJUSTMENT SERVICE, I	NC.					
Principal Place	of Business	Mailing Address			- I (PBIBII \$111 ABITA TATIS ATABA 11911 IABS ATA	it fidit dinti alalı alı	
1263 BELVEDERE AVENUE % JAMES R. THARIN							
1263 BELVEDERE AVENUE 1263 BELVEDERE AVENUE							
JACKSONVILLE FL 32205 JACKSONVILLE FL 32205					DO NOT WRITE IN TH	IIS SPACE	
US					3. Date Incorporated or Qualifed		
					06/26/1984	110	uliad Car
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	 	plied For
21 26					59-0831771	\$8.75 A	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	Fee Rec	
22 27 City & State City & State				-	a Florier Compaign Financing	\$5.00	·
					6. Election Campaign Financing Trust Fund Contribution	Added to	
23 Zip Country Zip			Country	,———	8. This corporation owes the current year		
⊢ .	25	29 3	-		Personal Property Tax.		□No
24	9. Name and Address of Curre		<u>~</u>		10. Name and Address of New Register	ed Agent	
	J. Hallo Sila Radiood of Outle		81	Name			
THARIN, JAMES R.				2	(D.O. D. M. havin Mat Assentable)		
1263 BELVEDERE AVENUE			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32205			83	-			
			84	City	F	85 Zip C	ode
SIGNATURE	m familiar with, and accept the oblig Signature, typed or printed name of registered a			nt signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE	THARIN, JAMES R. 12		1.1 TITLE			Change	Addition
NAME			1.2 NAME				
STREET ADDRESS			1.3 STREE	T ADDRESS			
CITY-ST-ZIP			14 C/TY-S	T-ZIP			
TITLE	DS	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP			
TITLE			3.1 TITLE			Change	Addition
NAME	32 N		3.2 NAME	-			
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-8	ST-ZIP			
TITLE	☐ DELETE 4.1 TI		4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			<u>-</u> -
TITLE	DELETE 5.1 T		5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T AODRESS			
CITY-ST-ZIP	-ZIP		5.4 CITY-5	ST-ZIP			
TITLE	******	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
CTREET ADDRESS			6.3 STREE	TADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

READ TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28,1999

904-384-4911