

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90192 041 ***158.75

DOCUMENT # H97614

1. Corporation Name
JAX SOD SERVICE, INC.

Principal Place of Business

RT. 2, BOX 353
MACCLENNEY FL 32063

Mailing Address

RT. 2, BOX 353
MACCLENNEY FL 32063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1986

4. FEI Number

59-2651034

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Same as above

Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Same as above

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

RAULERSON, JAMES
ROUTE 2, BOX 353
MACCLENNEY FL 32063

10. Name and Address of New Registered Agent

81 Name

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

83

84 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME RAULERSON, JAMES
STREET ADDRESS ROUTE 2, BOX 353
CITY-ST-ZIP MACCLENNEY FL

TITLE V
NAME RAULERSON, BERNICE
STREET ADDRESS ROUTE 2, BOX 353
CITY-ST-ZIP MACCLENNEY FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Bernice Raulerson
1.3 STREET ADDRESS Rt. 2, Box 353, Macclenny, FL 32063
1.4 CITY-ST-ZIP

2.1 TITLE Vice President
2.2 NAME Toni Raulerson
2.3 STREET ADDRESS Rt. 2, Box 353
2.4 CITY-ST-ZIP Macclenny, FL 32063

3.1 TITLE SECRETARY & Treasurer
3.2 NAME Donna Pickersing
3.3 STREET ADDRESS Rt. 2, Box 353
3.4 CITY-ST-ZIP Macclenny, FL 32063

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE: Bernice Raulerson, President Bernice Raulerson 2/6/99 (904)259-4157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)