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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J11780 (0)

1. Corporation Name:

JA TE, INC.



Principal Place of Business

Mailing Address

401 S. 8TH ST.  
P.O. BOX 955  
FERNANDINA BCH. FL 32034

401 S. 8TH ST.  
P.O. BOX 955  
FERNANDINA BCH. FL 32034

2. Principal Place of Business

2a. Mailing Address

21 4924 First Coast Highway

26 4924 First Coast Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Fernandina Beach, FL

28 Fernandina Beach, FL

Zip

Country

Zip

Country

24 32034

25 USA

29 32034

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VONDANE, JAMES A.  
1401 S 8TH ST  
FERNANDINA BCH. FL 32034

81 Name

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

4924 First Coast Highway

83

84 City

Fernandina Beach

FL

85 Zip Code

32034

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

*James A. Vondane*

(NOTE: Registered Agent signature required when reinstating)

4-22-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
VONDANE, JAMES A.  
2328 SADLER ROAD  
FERNANDINA BCH FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VSD  
JONES, TERRY  
531 S 6 ST  
FERNANDINA BCH FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*James A. Vondane*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96 904-261-7701

DATE

Daytime Phone #

CR2E034 (12/95)