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

PROFIT Jun 18 1998 8:00am ELORIDA DEPARTMENT DE STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name J23139 (5) JRS MANAGEMENT COMPANY, INC. Principal Place of Business Mailing Address **608 S TYDALL PKWEY** % DANNY JOE SUMNER 5707 LAKE DRIVE 5707 LAKE DRIVE DO NOT WRITE IN THIS SPACE PANAMA CITY FL 32404 PANAMA CITY FL 32404 3. Date Incorporated or Qualified 07/09/1986 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 608 S. Tyndall S 800 Not Applicable 21 59-2707392 Sulte, Apt #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country Country This corporation owes or has paid the current year Intangible Yes X No 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SUMMER, DANNY JOE 5707 LAKE DRIVE 62 Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32404 **B3** 84 City 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELF TE Change Addition TITLE 1 1 TITLE **SUMNER, DANNY JOE** NAME 12 NAME **6707 LAKE DRIVE** STREET ADDRESS 13 STREET ADDRESS PANAMA CITY FL 14 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 THILE TITLE RUPP, STEVEN NAME 2.2 NAME 1225 19 ST NW #200 STREET ADDRESS 23 STREET ADDRESS **WASHINGTON DC** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 10TLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELFTE Change Addition 4.1 TITLE TITLE NAME 4, 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby 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.

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