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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

J33833

(1)

JAAKE TRAVEL CONSULTANTS, INC.

FILED Mar 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					i radiina dida kilab rikal rahda kilab tilab fil	Eri bibit bibit bibit bibit bibit	
868-119 BLANDING BLVD ORANGE PARK FL 32065		868-119 BLAI Orange Pai			DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualified		
					09/16/1986		
2. Principal P	lace of Business	2a. Mailing Ad	ddress		4. FEI Number	Applied For	
21		26			59-2723988	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt	#, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & Stat	е	City & Sta	te		6. Election Campaign Financing	\$5.00 May Be	
23		28				Added to Fees	
Zip			8. This corporation owes or has paid the current year Intangible				
24	25 9. Name and Address of Current	Begletered Ager	30	T	Personal Property Tax due June 30 10. Name and Address of New Regis		
					81 Name		
HART, JOHN P. III				7 740.70			
868-119 BLANDING BLVD				82 Street A	ddress (P.O. Box Number is Not Acceptable)		
UH	IANGE PARK FL 32065			83			
						,	
				84 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508. Fl	orida Statutes, the	above-named c	orporation submits this statement for the purp		
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obliga	of Florida. Such ch tions of, Section 6	iange was authoriz: 07.0505, Florida St	ed by the corpo atutes.	oration's board of directors. I hereby accept the	he appointment as registered	
SIGNATURE	Signature, typed or printed name of registered agen		Avoir Deliver		equired when reinstating)	DATE	
12.	OFFICERS AND		13		ADDITIONS/CHANGES TO OFFICER		
TITLE	PST			TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change ☐ Addition	
NAME	HART, JOHN PATRICK III			NAME			
STREET ADDRESS	3745 CATHEDRAL COVE			STREET ADDRESS		18	
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-ZIP		Įž.	
TITLE	D			TITLE		Change Addition C	
NAME	HART, JOHN PATRICK III		2.2	NAME			
STREET ADDRESS	3745 CATHEDRAL COVE		2.3	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST-ZIP			
TITLE	LFO			TITLE		Change Addition	
NAME	L.B. LAYE, JR.	_	3.21	NAME			
STREET ADDRESS	647 GEORGE TAYLOR	ST.	3.3	STREET ADDRESS			
CITY-ST-ZIP		67056		CITY - ST - ZIP			
TITLE	D			OTLE .	<u>,</u> =	Change Addition	
NAME	L.B. LAYE. JR.	_		NAME			
STREET ADDRESS	547 GEREGE TAYL	DE ST.		STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK, FL		1	CITY-ST-ZIP			
TITLE	200111100			ITLE		Change Addition	
NAME				NAME			
STREET ADDRESS			i i	STREET ADDRESS			
CITY-ST-ZIP				XTY-ST-ZIP			
TITLE				UTLE	*****	Change Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
ALL LAIL TIL	<u> </u>		9.4 (ZILL QI EII			

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 supplementar annual peport 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 tustee on power of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an altahumont with an address.