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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L28919 (3)

1. Corporation Name

INTERNATIONAL JAS CORPORATION

Principal Place of Business

C/O JOHN PATTERSON
46 N. WASHINGTON BLVD., #1
SARASOTA FL 34236

Mailing Address

C/O JOHN PATTERSON
46 N. WASHINGTON BLVD., #1
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1989

3a. Date of Last Report

03/01/1994

4. FEI Number

52-1703322

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

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATTERSON, JOHN
46 N. WASHINGTON BLVD. #1
SARASOTA FL 34236

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 of person authorized to register agent and the corporation

Signature of Registered Agent (signature required after recording)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PTD
SCARRITT, JOHN A.
5053 OCEAN BLVD.
SARASOTA FL

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

VSD
SCARRITT, LINDA PARCELL
5053 OCEAN BLVD.
SARASOTA FL

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

VP
LITTLEFIELD, HORACE
46 N. WASHINGTON BLVD., #1
SARASOTA FL

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

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CITY, ST, ZIP

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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

PTD
SCARRITT, JOHN A.
5053 OCEAN BLVD
SARASOTA FL

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

VS
SCARRITT, LINDA PARCELL
5053 OCEAN BLVD
SARASOTA FL

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

VD
LITTLEFIELD, HORACE
46 N. WASHINGTON BLVD
SARASOTA FL

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

VD
AL-SHAMMARY, M. M.
AL-FALAK BLDG, 40 FL
AL-KHOBIR, SAUDI ARABIA

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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 1.10 (7)(3)(b), Florida Statutes. I further certify that the information submitted 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 registered agent 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN A. SCARRITT, President

3/15/95 (813) 365-0570