

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

3. Date Incorporated or Qualified
11/13/1989

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

21 5324 SIESTA DRIVE

Suite, Apt. #, etc.

**22 City & State
23 SARASOTA FL**

**24 Zip
34242**

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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**

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

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PTDC
SCARRITT, JOHN A.
5053 OCEAN BLVD.
SARASOTA FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VS
SCARRITT, LINDA PARCELL
5053 OCEAN BLVD.
SARASOTA FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VD
AL-SHAMMARI, M. M
AL-FALAK BLDG., 4TH FL
AL-KHOBAR SA**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**5324 SIESTA DRIVE
SARASOTA FL 342242**

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**5324 SIESTA DRIVE
SARASOTA FL 34242**

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**5324 SIESTA DRIVE
SARASOTA FL 34242**

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN A. SCARRITT, President

(941) 346-8019

3/14/96

Date

Typed Phone #

CR2E034 (12/95)