

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L30079

1. Corporation Name  
JAMAC 580, INC.

Principal Place of Business  
% THOMAS O. MICHAELS ESO  
1370 PINEHURST RD  
DUNEDIN FL 34698

Mailing Address  
% THOMAS O. MICHAELS ESO  
1370 PINEHURST RD  
DUNEDIN FL 34698

FILED  
Feb 09, 1999 8:00am  
Secretary of State

02-09-1999 90029 039 \*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1989

4. FEI Number

59-2997146

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 owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MICHAELS, THOMAS O. ESO  
1370 PINEHURST RD  
DUNEDIN FL 34698

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
MCMULLEN, JOHN L.  
303 EASTLEIGH DR  
BELLEAIR FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MCMULLEN, JOHN L.  
303 EASTLEIGH DR  
BELLEAIR FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MICHAELS, THOMAS O.  
1370 PINEHURST RD  
DUNEDIN FL 34698

DELETE

TITLE  
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NAME  
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CITY-ST-ZIP  
MICHAELS, THOMAS O.  
1370 PINEHURST RD  
DUNEDIN FL 34698

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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 hereby 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, with all other like empowered.

SIGNATURE:

John L. McMullen, Director

1/8/99 (727)

Date

Daytime Phone #

446-6902

CR2E034 (11/98)