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 # **L72880** **(2)**

1. Corporation Name

JAXSOUTH, INC.

Principal Place of Business

% JOAN M. TOMLINSON
4900 N OCEAN BLVD #819
FT LAUDERDALE FL 33308

Mailing Address

% JOAN M. TOMLINSON
4900 N OCEAN BLVD #819
FT LAUDERDALE FL 33308

2. Principal Place of Business

21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **05/11/1990**

3a. Date of Last Report: **01/25/1995**

4. FEI Number: **65-0198540** ☐ 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

TOMLINSON, JOAN M.
4900 NO OCEAN BLVD
STE 819
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

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 607.0202 or 617.0202, 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. The 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 _____ DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	TOMLINSON, JOAN M.	
STREET ADDRESS	4900 NO OCEAN BLVD STE 819	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DT	☐ DELETE
NAME	CARPENTER, SUSAN E.	
STREET ADDRESS	16 CASTLE HARBOR ISLE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DS	☐ DELETE
NAME	DIVERS, LIZABETH A.	
STREET ADDRESS	2800 NE 56TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VP	☐ DELETE
NAME	TOMLINSON, JOHN G.	
STREET ADDRESS	4900 N. OCEAN BLVD., STE. 819	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

I do hereby certify that the information indicated on this report or supplemental 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: Joan Tomlinson Feb 15/96 305-941-6361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)