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

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L73087 (3)

**FILED** 

May 01 1998 8:00am

Secretary of State

| JAYTEE RESOURCES, INC.   | ` '                                     |                                   |  |                                  |
|--|---|-----------------------------------|--|----------------------------------|
|  |   |                                   |  |                                  |
| Principal Place of Business Mailin   | g Address                               |                                   | - 1 1980 1981 011 1980 0 1919 1 00 103 103 11 1690 1 01939 09                                      | FAL OFOLK GRAIN BADIN OFOLK 1001 |
| 445 26 STATE RD 13 445 :   | 26 STATE RD 13                          |                                   |  |                                  |
| STE 312  JACKSONVILLE FL 32259  JACKSONVILLE FL 32259  JACKSONVILLE FL 32259   |   |                                   | DO NOT WRITE IN THIS   | COLOF                            |
| JACKSONVILLE FL 32259 JACK   | ROUAITTE LE 35528                       |                                   | 3. Date Incorporated or Qualified  | SAPACE                           |
|  |   |                                   | 05/11/1990   |                                  |
| 2. Principal Place of Business 2a. Ma  | ailing Address                          |                                   | 4. FEI Number  | Applied For                      |
| 21 26  | 9                                       |                                   | 59-3007848   | Not Applicable                   |
| Suite, Apt. #, etc. St.  | ite, Apt. #, etc.                       |                                   | 5. Certificate of Status Desired   | \$8.75 Additional                |
| 27   | *                                       |                                   | 6. Certificate of Status Desired   | Fee Required                     |
|  | ly & State                              |                                   | 6. Election Campaign Financing   | <b>\$5.00</b> May Be             |
|  | · — · — · · · · · · · · · · · · · · · · | Country                           | Trust Fund Contribution  | Added to Fees                    |
| 24 25 29   | 30                                      | Country                           | <ol> <li>This corporation owes or has paid the c<br/>Personal Property Tax due June 30.</li> </ol> | urrent year Intangible  Yes No   |
| 125   25   25   25   25   27   27   27   |   |                                   | 10. Name and Address of New Registere  |                                  |
| TOWART, JAMES W., JR.  |   | 81 Name                           |  |                                  |
| 12219 CATTAIL DRIVE, WEST  |   | 82 Street Addre                   | ss (P.O. Box Number is Not Acceptable)   |                                  |
| JACKSONVILLE FL 32223  |   | Siliber Addre                     | ss (F.O. Box Number is Not Acceptable)   |                                  |
|  |   | 83                                |  |                                  |
|  |   | 84 City                           |  | 85 Zip Code                      |
|  |   |                                   | F  | ┗╸││┆                            |
| 11. Pursuant to the provisions of Sections 607.0502 and 607. office or registered agent, or both, in the State of Florida.   | 1508, Florida Statutes, I               | he above-named corporation        | eration submits this statement for the purpose   | of changing its registered       |
| agent. I am femiliar with, and accept the obligations of, So   | ection 607.0505, Florida                | Statutes.                         | and board of directors. This eby doodpe the di   | ppointment as registered         |
| SIGNATURE  |   |                                   |  |                                  |
| Signature: typed or profest name of registered agent and title if ap  OFFICERS AND DIRECTO   |   | gistered Agent signature required | ADDITIONS/CHANGES TO OFFICERS AN   | ID DIRECTORS IN 12               |
| TITLE PD   | DELETE                                  | 1.1 TITLE                         | ADDITIONO/OFFICE TO OFFICE IS A  | Change Addition                  |
| NAME TOWART, JAMES W., JR.   |   | 1.2 NAME                          |  |                                  |
| STREET ADDRESS 12219 CATTAIL DRIVE WEST  |   | 1.3 STREET ADDRESS                |  |                                  |
| CITY-ST-ZIP JACKSONVILLE FL  |   | 1.4 CITY - ST - ZIP               |  |                                  |
| TITLE VSD  | DELETE                                  | 2.1 TITLE                         |  | Change Addition                  |
| NAME TOWART, PAMELA C.   |   | 2.2 NAME                          |  |                                  |
| STREET ADDRESS 12219 CATTAIL DRIVE WEST CITY-ST-7IP JACKSONVILLE FL  |   | 2.3 STREET ADDRESS                |  |                                  |
| CITY-\$1-ZIP JAUNSUNVILLE FL   | DELETE                                  | 2 4 CITY-ST-ZIP                   |  | Change Addition                  |
| NAME   | Fil Arrele                              | 3.1 TITLE<br>3.2 NAME             |  | FT Change FT MODITURE            |
| STREET ADDRESS   |   | 3.3 STREET ADDRESS                |  |                                  |
| CITY-SI-ZIP  |   | 3.4. CITY-ST-ZIP                  |  |                                  |
| TITLE  | DELETE                                  | 4.1 TITLE                         |  | ☐ Change ☐ Addition              |
| NAME   | ĺ                                       | 4, 2 NAME                         |  |                                  |
| STREET AODRESS   |   | 4.3 STREET ADDRESS                |  |                                  |
| CITY-ST-ZIP  |   | 4.4 CITY - ST - ZIP               |  |                                  |
| TITLE  | ☐ DELETE                                | 51 TITLE                          |  | Change Addition                  |
| NAME .   |   | 5 2 NAME                          |  |                                  |
| STREET ADDRESS   |   | 5 3 STREET ADDRESS                |  |                                  |
| CITY-ST-ZIP  | DELÉTE                                  | 5 4 CITY-ST-ZIP                   |  | Change Addition                  |
| TITLE  | ☐ ocreit                                | 6 1 TITLE<br>6.2 NAME             |  | CT CHAUGE CT MUNICOL             |
| STREET ADDRESS   |   | 6.3 STREET ADDRESS                |  |                                  |
| CITY-ST-ZIP  |   | 6.4 CITY-ST-ZIP                   |  |                                  |
| OIL OLE OF THE PROPERTY OF THE |   | u. + UII 7 " UI " £IF }           |  |                                  |

Indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that i am ai 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.