## 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 # **L73087**

1. Corporation Name

JAYIEE	RESOURCES, ING.											
Principal Place	e of Business	Ma	iling Address				7	4 100)1011 #11 10000 HIN 40101 (BIN 100			)1811 81811 1441	
445 26 STATE	RD 13	445	26 STATE RD 13									
STE 312 STE 312								DO NOT WRITE IN	I THIS ST	PACE		
JACKSONVILLE FL 32259 JACKSONVILLE FL 32259								3. Date Incorporated or Qualifed				
								05/11/1990			ļ	
2 Principal Di	lace of Business	2a	Mailing Address			<del></del>		FEI Number		- Ar	oplied For	
— ·	ace of Business	26	Thomas Thomas Cons					59-3007848			ot Applicable	
Suite, Apt.	#, etc.	201	Suite, Apt. #, etc.				+			\$8.75	Additional	
22		27					3.	Certifcate of Status Desired		Fee Re	equired	
City & Stat	e		City & State				6.	Election Campaign Financing	ı	\$5.00	May Be	
23		28					ļ	Trust Fund Contribution		Added	to Fees	
Zip	Country	ļ	Žip	Coun	itry		8.	This corporation owes the current y				
24	25	29		30				Personal Property Tax.		] Yes	·□No	
	9. Name and Address of Currer	nt Regist	tered Agent		81	Name	10.	Name and Address of New Regis	iterea Ag	jent		
TOW	/ART, JAMES W., JR.				"	Name						
	19 CATTAIL DRIVE, WEST				82	Street Addre	ess (P	P.O. Box Number is Not Acceptable)			•	
JACKSONVILLE FL 32223			}	83								
				ſ	84	City			FL	<b>85</b> Zip	Code	
44 Durawant	to the provisions of Sections 607.050	02 and 6	7 1508 Florida Statute	es the ah		named corpo	oration	n submits this statement for the pure	nose of ch	anging its	registered	
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florid	a. Such change was au	utnonzea	Dy tr	he corporation	n's bo	pard of directors, I hereby accept the	∍ appointn	nent as re	gistered	
SIGNATURE	Signature, typed or printed name of registered age	ent and title it	annicable (NOTE	Registered /	Agent:	signature required	when a	reinstating) C	DATE		<del></del> [	
12.	OFFICERS At		<del>-''</del>	13.	34			ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTO	ORS IN 12	
TITLE	PD		☐ DELETE	1.1 TITI	Œ					☐ Change	☐ Addition	
NAMÉ	TOWART, JAMES W., JR.			1.2 NA	ME						j	
STREET ADDRESS	40040 CATTAIL DOINE MICCT			1.3 STF	REET A	ADORESS						
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CIT	Y-ST-	ZIP					I	
TITLE	VSD											
NAME	TOWART, PAMELA C.		☐ DELETE	2.1 TITI	LΕ				Ē	Change	☐ Addition	
STREET ADDRESS			☐ DELETE	2.1 TITI 2.2 NA/						☐ Change	☐ Addition	
	12219 CATTAIL DRIVE WEST		☐ DELETE	2.2 NAI	ME	ADDRESS			_	☐ Change	Addition	
CITY-ST-ZIP	12219 CATTAIL DRIVE WEST JACKSONVILLE FL			2.2 NAI	ME REET A			ren eser				
CITY-ST-ZIP TITLE			☐ DELETE	2.2 NAI 2.3 STF	ME REET A					☐ Change	_	
				2.2 NAI 2.3 STF 2 4 CFI	ME REET A TY-ST- LE							
TITLE				2.2 NAI 2.3 STF 2.4 CF 3.1 TITI 3.2 NAI	ME REET A TY-ST- LE ME		-					
TITLE NAME			☐ DELETE	2.2 NA/ 2.3 STF 2 4 CF 3.1 TITI 3.2 NA/ 3.3 STF 3.4. CF	ME TY-ST- LE ME REET A	-ZIP ADDRESS		r rent		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS				2.2 NAI 2.3 STF 2.4 CR 3.1 TITI 3.2 NAI 3.3 STF 3.4, CR 4.1 TITI	ME TY-ST- LE ME REET A TY-ST-	-ZIP ADDRESS	-					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	2.2 NAF 2.3 STF 2.4 CR 3.1 TITI 3.2 NAF 3.3 STF 3.4 CR 4.1 TITI 4.2 NAF	ME TY-ST- LE ME TY-ST- TE TY-ST-	ADDRESS				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE	JACKSONVILLE FL		☐ DELETE	22 NA/ 23 STF 2 4 CP 3.1 TITI 32 NA/ 33 STF 34 CP 4.1 TITI 4.2 NA/ 4.3 STF	ME REET A TY-ST- LE TY-ST- LE AME REET A	ADDRESS -ZIP ADDRESS	-			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP	JACKSONVILLE FL		☐ DELETE	2.2 NAJ 2.3 STF 2.4 CFT 3.1 TITI 3.2 NAJ 3.3 STF 3.4. CFT 4.1 TITI 4.2 NA 4.3 STT 4.4 CFT	ME REET A TY-ST- LE ME TY-ST- LE AME REET A TY-ST-	ADDRESS -ZIP ADDRESS			- · · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	JACKSONVILLE FL		☐ DELETE	2.2 NAJ 2.3 STF 2.4 CFT 3.1 TITI 3.2 NAJ 3.3 STF 3.4. CFT 4.1 TITI 4.2 NAJ 4.3 STT 4.4 CFT 5.1 TITI	ME REET A TY-ST- LE AME TY-ST- LE AME REET A TY-ST- LE TY-ST- TY-ST- LE	ADDRESS -ZIP ADDRESS			- · · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	JACKSONVILLE FL		☐ DELETE	2.2 NAI 2.3 STF 2.4 CR 3.1 TITI 3.2 NAI 3.3 STF 3.4 CR 4.1 TITI 4.2 NAI 4.3 STF 4.4 CR 5.1 TITI 5.2 NAI	ME REET A TY-ST- LE ME REET A TY-ST- LE AME REET A TY-ST- LE AME REET A ME REET A ME ME ME	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP	-		- · · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	JACKSONVILLE FL		☐ DELETE	2.2 NAI 2.3 STF 2.4 CP 3.1 TITI 3.2 NAI 3.3 STF 3.4. CP 4.1 TITI 4.2 NAI 4.3 STF 4.4 CP 5.1 TITI 5.2 NAI 5.3 STF	ME REET A TY-ST- LE ME REET A TY-ST- LE REET A REET A REET A REET A REET A REET A	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP			- · · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE FL		☐ DELETE	2.2 NAI 2.3 STF 2.4 CR 3.1 TITI 3.2 NAI 3.3 STF 3.4 CR 4.1 TITI 4.2 NAI 4.3 STF 4.4 CR 5.1 TITI 5.2 NAI	ME REET A TY-ST- LE ME REET A TY-ST- LE AME REET A TY-ST- LE ME REET A REET A TY-ST- LE ME REET A TY-ST- LE	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP		· · · · · · · · · · · · · · · · · · ·	C	☐ Change ☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	JACKSONVILLE FL		☐ DELETE	2.2 NAI 2.3 STF 2.4 CR 3.1 TITI 3.2 NAI 3.3 STF 3.4 CR 4.1 TITI 4.2 NAI 4.3 STI 4.4 CR 5.1 TITI 5.2 NAI 5.3 STF 5.4 CR	ME  TY-ST- LE  ME  REET A  TY-ST- LE  AME  REET A  TY-ST- LE  ME  REET A  TY-ST- LE  ME  REET A  REET A  LE  LE  LE  LE  LE  LE  LE  LE  LE  L	ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP			C	☐ Change	Addition 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

904 - 262 - 43 29
Daytime Phone #

**FILED** 

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90073 033 \*\*\*150.00