1. Entity Name         05-01-2003 90822 021 ***150.00           JETT ENTERPRISES OF PENSACOLA, INC.         Image Address           Principal Place of Euclines         POROX 3768           PENSACOLA FL 3228         PENSACOLA FL 3228           2. Principal Place of Euclines         PENSACOLA FL 3228           2. Principal Place of Euclines         PENSACOLA FL 3288           2. Principal Place of Euclines         PENSACOLA FL 3288           2. Principal Place of Euclines         PENSACOLA FL 25           Suite, Apt. 4 etc.         Suite, Apt. 4 etc.           PENSACOLA FL 25         Suite, Apt. 4 etc.           PENSACOLA FL 25         Suite, Apt. 4 etc.           Base Address of Euroret Registered Agent         Applied for Previous Control (Control)           Base Address of Euroret Registered Agent         T. Reme and Address of New Registered Agent           MCORHEAD, STEPHEN R.         State Address of Euroret Registered Agent           SSC         PENSACOLA FL 32501         Name and Address of New Registered Agent           SSC         PENSACOLA FL 32501         Name and Address of Control (Pace Action Previous Control (	DOCU	DO3 FOR PROF		T (UBR)		FILED May 01, 2003 8:00 at Secretary of State 05-01-2003 90822 021 ***150.00	m
POBOX 7768         POBOX 7768           PENSACOLA FL 2528         PENSACOLA FL 2528           2. Principal Pasce of Business         1. Mailing Address           175	•		LA, INC.			05-01-2003 90822 021 ***150.00	
ITTS       IN       A ILE MOLT BWD       P.O. BOX 6425         Suite       Suite Apt #, etc.       Suite Apt #, etc.       If CHECK HERE IF MAKING CHANGES         By A State       Country       Zo SO 3       Country A       Soute Apt #, etc.         By A State       Country A       Zo SO 3       Country A       Soute Apt #, etc.         By A State       Country A       Zo SO 3       Country A       Soute Apt #, etc.         By A State       Country A       Zo SO 3       Country A       Soute Apt #, etc.         By A State       Country A       Zo SO 3       Country A       Soute Apt #, etc.         By A State       Country A       Zo SO 3       Country A       Soute Apt #, etc.         By A State       Country A       Soute Apt #, etc.       Name       Soute Apt #, etc.         By A State       Country A       Soute Apt #, etc.       State Design #, etc.       Soute Apt #, etc.         By A State       Country A       Soute Apt #, etc.       Soute Apt #, etc.       Soute Apt #, etc.         By A State       Country A       Soute Apt #, etc.       Soute Apt #, etc.       Soute Apt #, etc.         By A State App #, etc.       Country App #, etc.       Soute Apt #, etc.       Soute Apt #, etc.         By A State Apt #,	P.O.BOX 3743	8	P.O.BOX 37438			I TANAN MANANA MANA	ł
PSNLSACOUA       FL       PSNLSACOUA       FL       S930/21829       Inst Applicab         32505       U/SA       32503       Country U/SA       32503       Country SA       S. Certificate ol Status Desired       \$1,75 Additional Fee Required Fee Required         6. Name and Address of Ourrent Registered Agent       7. Name and Address of New Registered Agent       Name         MOORHEAD, STEPHTEN R. 700 S PALAFOX ST. \$30       Street Address (P.O. Box Number is Not Acceptable)       FL       Zip Code         8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable)       City       FL       Zip Code         8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the registered agent agent spatiate remains       DME         SiGMATURE       1       Address (P.O. Box Number is Not Acceptable)       DME         SiGMATURE       1       Steet Address (P.O. Box Number is Not Acceptable)       DME         SiGMATURE       1       Address (P.O. Box Number is Not Acceptable)       DME         SiGMATURE       1       Address (P.O. Box Number is Not Acceptable)       DME         SiGMATURE       1       City Flagsthe florida. I am fami	175	W. AIRPORT BWI	> P.O. Box (	5425		1	ł
32505       Country LISA       32503       Country LISA       5. Certificate of Status Desired       \$87.75 Additional Fee Required         6. Name and Address of New Registered Agent         Nome and Address of Registered Agent         Nome and Address of Registered Agent         Nome and Address of Registered Agent Agent agent address				A FL		59-3021829	ole
MOORHEAD, STEPHEN R. 700 S PALAFOX ST. S-3C PENSACOLA FL 32501     Name       8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accep the obligations of registered agent.     City     FL     Zip Code       8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accep the obligations of registered agent.     Inter Mark State of Florida. I am familiar with, and accep the obligations of registered agent.       8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accep the obligations of registered agent.     Inter Mark State       9. Election Commalign Financing Make Check Payable to Florida Department of State     DNCE Hegetared Agent signature regimes regimes allow monitains;     DNE       9. Election Commalign Financing make Check Payable to Florida Department of State     Intit.     Additio Florida Department of State       10.     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11       11.     Defete     Intit.     Balass State Accept Agent State Change     Paul School Agent State Change       10.     OFFICERS AND DIRECTORS     11.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11       11.     Defete     Intit.     Balass State Accept Agent State Change       11.     Defete     Intit.     ADDITIONS/CHA		05 Country USA	32503			S. Certificate of Status Desired Fee Required	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accep the obligations of registered agent.         SIGNATURE	700 S PAI				dress (P.(	O. Box Number is Not Acceptable)	
After May 1, 2003 Fee will be \$550.00       S. Electron Campaign Printending       S. S.UU May Be         Make Check Payable to Florida Department of State       Trust Fund Contribution.       Added to Fees         10.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         WARE       BALES, JOHN B.       Change       Additio         Street ADDRESS       G525 MARIANNA DR       CITY-ST-ZIP       CITY-ST-ZIP         PENSACOLA FL       Delete       TITLE       Additio         VAME       STREET ADDRESS       CITY-ST-ZIP       FECT ADRESS       CITY-ST-ZIP         JACKSON, JEFFREY R.       Delete       TITLE       MAKE       STREET ADDRESS       JUL S R COUR FL 32 514         STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       PENSACOLA FL       Delete       TITLE         NAME       STREET ADDRESS       STREET ADDRESS       STREET ADDRESS       JUL S R COUR O AFS       Lanee         CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP         MAKE       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       Change       Additio         NAME       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP	8. The above the obligat SIGNATURE .	named entity submits this statement i lions of registered agent.	·	registered office or r		d agent, or both, in the State of Florida. I am familiar with, and acces	)t
ITTLE       VP       Delete       TITLE       Pchange       Additio         NAME       BALES, JOHN B.       6525 MARIANNA DR       STRET ADDRESS       G323 SUMMER LAKES LN       Pchange       Additio         STRET ADDRESS       6525 MARIANNA DR       Delete       TITLE       PENSACOLA FL       Image       Additio         VITUE       PENSACOLA FL       Delete       TITLE       PENSACOLA FL       Image       Additio         NAME       JACKSON, JEFFREY R.       Delete       TITLE       MAME       STRET ADDRESS       G356 CONFEDERATE DR       STRET ADDRESS       G11Y-ST-ZIP       TITLE       MAME       STRET ADDRESS       G11Y-ST-ZIP       PENSACOLA FL       Image       Additio         TITLE       PENSACOLA FL       Delete       TITLE       MAME       STRET ADDRESS       G11Y-ST-ZIP       PENSACOLA FL       Image       Additio         TITLE       Image       Image       TITLE       Image       Additio         NAME       STRET ADDRESS       Image       Image       Additio         STRET ADDRESS       Image       Image       Image       Image       Additio         NAME       STRET ADDRESS       Image       Image       Image       Image       Image       Imag	After	r May 1, 2003 Fee will be \$550.00				· · · · · · · · · · · · · · · · · · ·	
NAME     JACKSON, JEFFREY R.       6356 CONFEDERATE DR     STREET ADDRESS       CITY-ST-ZIP     PENSACOLA FL       TITLE     Delete       NAME     STREET ADDRESS       CITY-ST-ZIP     Change       Addition       STREET ADDRESS       CITY-ST-ZIP       Delete       TITLE       NAME       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP </td <td>TITLE NAME STREET ADORESS</td> <td>VP BALES, JOHN B. 6525 MARIANNA DR</td> <td></td> <td>; TITLE NAME STREET ADDRESS</td> <td></td> <td>EChange Additi 23 SUMMER LAKES LN</td> <td>on</td>	TITLE NAME STREET ADORESS	VP BALES, JOHN B. 6525 MARIANNA DR		; TITLE NAME STREET ADDRESS		EChange Additi 23 SUMMER LAKES LN	on
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NAME     NAME       STREET ADDRESS     STREET ADDRESS       ITY- ST-ZIP     CTY- ST-ZIP       ITLE     Delete       IAME     TITLE       IAME     NAME	IAME TREET ADDRESS		Delete	NAME STREET ADDRESS			חנ
IAME NAME .	NAME STREET ADDRESS		Delete	NAME STREET ADORESS		🗆 Change 🗋 Additi	חנ
CITY-ST-ZIP	iame Street address		Delete	NAME STREET ADDRESS		Change [] Additi	л 
ITLE     Delete     TITLE     Change     Addition       IAME     NAME       STREET ADDRESS     STREET ADDRESS       CITY-ST-ZIP     CITY-ST-ZIP	IAME STREET ADDRESS		Delete	NAME STREET ADDRESS		Change C Additi	חר חר