FILED Apr 15, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L80950

1. Corporation Name

JENNINGS REALTY SERVICES, INC.

Principal Place	of Business	Mailing Address				((55)(5))			
1639 BEACH BLVD JACKSONVILLE FL 32250 US 1639 BEACH BLVD JACKSONVILLE FL 32250 US						DO NOT W	RITE IN THIS	SPACE	
03		03				3. Date Incorporated or Qualife 06/14/1990			
0.0000000000000000000000000000000000000	lace of Business	2a. Mailing Address				4. FEI Number		Ι.Δ	pplied For
	lace of Business					59-3016711		- ⊢-	ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.							Additional
	m, 610.	27				5. Certifcate of Status Desired		•	tequired
City & State	A	City & State				6. Election Campaign Financin	0	\$5.00	May Be
23		28				Trust Fund Contribution	a- 🗆		to Fees
Zip	Country	Zip	Count	Ty		8. This corporation owes the co	urrent vear Int	angible	
24	25	⊢	30	•		Personal Property Tax.	,	Yes	□No
24	9. Name and Address of Current					10. Name and Address of Nev	v Registered	Agent	
			8	11 N	ame			-	
JENN	NINGS, GUY M.					(D.O. Day Number in Not Acce	ntable)		
710	OCEANFRONT		8	12 S	treet Addre	ess (P.O. Box Number is Not Acce	ptable)		
NEP	TUNE BEACH FL 32266		8	3				·	
			8	4 C	ity -		FL	85 Zip	Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was au	ithorized b	ov the	med corpo corporation	oration submits this statement for the n's board of directors. I hereby according to the contract of the contr	ne purpose of cept the appoi	changing it ntment as r	s registered egistered
ugona i u		ons of, Coddon oo		58.					
SIGNATURE					natura required	when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Ag		nature required	when reinstating) ADDITIONS/CHANGES TO 0		ID DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:		gent sig	nature required	when reinstating) ADDITIONS/CHANGES TO (ID DIRECT	
SIGNATURE 12 TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Ag	gent sig	nature required				
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND DPS JENNINGS, GUY M.	and title if applicable. (NOTE:	Registered Age 13. 1.1 TITLE	gent sig					
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND DPS JENNINGS, GUY M. 710 OCEAN FRONT	and title if applicable. (NOTE:	Registered Ag 13 1.1 TITLE 1.2 NAMI 1.3 STRE	gent sig	DRESS				
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND DPS JENNINGS, GUY M.	and title if applicable. (NOTE:	Registered Apr 13.: 1.1 TITLE 1.2 NAMI 1.3 STRE 1.4 CITY	gent sig	DRESS				☐ Addition
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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 attachmoof with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP