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 # M67478 1. Corporation Name

J.C. SASSER, INC.

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90023 030 ***150.00



Principal Place	e of Business	Mailing Address					
C/O JAMES C.	SASSER	C/O JAMES C. SASSER					
5888 53RD AVE E		5888 53RD AVE E		DO MOT MURITE IN THIS SPACE			
BRADENTON FL 34203		BRADENTON FL 34203		DO NOT WRITE IN THIS SPACE			
US		US		3. Date Incorporated or Qualifed			
					02/05/1988		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	A	pplied For	
21		26		65-0027233	N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75	Additional	
22		27		5, Certificate of Status Desired	Fee R	equired	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28		Trust Fund Contribution Added to Fees			
Zip Country		Zip Country		8. This corporation owes the current year Intangible			
24	25 29 30]	Personal Property Tax.			□No
24	9. Name and Address of Current		'	·	10. Name and Address of New Registered	Agent	
	5. Name and Address of Current		81	Name		<u> </u>	
SASSER, JAMES C.							
	53RD AVE EAST		82 Street Address (P.O. Box Number is Not Acceptable)				
	DENTON FL 34203	•				0 4 8 6 5 1 4 7 2 5 5 1 10	N. S.
DNA	DENTON I E 34203		83				\$4 使用第 L
			84	City		85 Zip	Code
					F!	_ , ,	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	e-named corp	oration submits this statement for the purpose of	f changing it	s registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autho	onzed by	tne corporation	on's board of directors. I hereby accept the app	ointment as r	egistereo
-			1		1/4/9	9/	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Rec	aistered Agen	t signature require	d when reinstating). (1.50) BATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	D	DELETE	11 TITLE			☐ Change	☐ Addition
NAME .	SASSER, JAMES C.		1.2 NAME		·		
	588 53RD AVE EAST		1.3 STREET	ADDRESS			
STREET ADDRESS				İ			
CITY-ST-ZIP	BRADENTON FL.	☐ DELETE	1.4 CITY-ST 2.1 TITLE	1-ZIP		☐ Change	Addition
TITLE	U	☐ DELETE				Gridings	
NAME	SASSER, CATHY E.		2.2 NAME				
STREET ADDRESS	5888 53RD AVE EAST		2.3 STREET	ADDRESS	•		
CITY-ST-ZIP	BRADENTON FL		2. 4 CITY-S	T-ZIP			
TITLE (1/2)		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS	3565 720 2 4		3.3 STREET	ADDRESS			ya a sagal
CITY-ST-ZIP	March 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3.4, CITY-S	T- ZIP	•	1	* * * * * * * * * * * * * * * * * * * *
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
		_	4. 2 NAME				
NAME	*		4.3 STREET	ADDDEED			
STREET ADDRESS	•			1			
CITY-ST-ZIP		, Deciere	4.4 CITY-S	T-ZIP			Addition
TITLE		· DELETE	5.1 TITLE	}		change	
NAME			5.2 NAME				İ
STREET ADDRESS	n	•	5.3 STREET		,		
CITY-ST-ZIP			5.4 CITY-S	T- ZIP	· .	<u> </u>	
TITLE	0.40 - 2. 0	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME	Burner St. St. St.	_	6.2 NAME				- 1
NAME STREET ADDRESS			6.2 NAME 6.3 STREET	ADDRESS			

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 torporation 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 thanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: