

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

PROFIT CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mo. Harr
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY 29 PM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P13000

1. Corporation Name

JEC Funding, Inc.

Principal Place of Business Mailing Address
C/O Corp. Tax Dept C/O Corp. Tax Dept
8333 Bryan Dairy Rd. 8333 Bryan Dairy Rd.
Largo, FL 33777 Largo, FL 33777

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	1/26/87	13-3388181	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		\$8.75 Additional Fee Required
22	27			
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
23	28			
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

National Corporate Research, LTD., Inc.
1406 Hays Street
Suite 2
Tallahassee, FL 32301

Capitol Services, Inc.
1406 Hays Street
Suite 2
Tallahassee, FL 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPCF <input type="checkbox"/> DELETE	1.1 TITLE	DVPCFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wright, Samuel G	1.2 NAME	
STREET ADDRESS	8333 Bryan Dairy Rd.	1.3 STREET ADDRESS	
CITY - ST - ZIP	Largo, FL 33777	1.4 CITY - ST - ZIP	
TITLE	DPCO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Newman, Francis A	2.2 NAME	
STREET ADDRESS	8333 Bryan Dairy Rd.	2.3 STREET ADDRESS	500002561435
CITY - ST - ZIP	Largo, FL 33777	2.4 CITY - ST - ZIP	-06/16/98-01103-019
TITLE	DVS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Santo, James M	3.2 NAME	
STREET ADDRESS	8333 Bryan Dairy Rd.	3.3 STREET ADDRESS	
CITY - ST - ZIP	Largo, FL 33777	3.4 CITY - ST - ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gladysz, Martin W	4.2 NAME	
STREET ADDRESS	8333 Bryan Dairy Rd.	4.3 STREET ADDRESS	
CITY - ST - ZIP	Largo, FL 33777	4.4 CITY - ST - ZIP	
TITLE	VPAS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lewis, Robert E	5.2 NAME	
STREET ADDRESS	8333 Bryan Dairy Rd.	5.3 STREET ADDRESS	
CITY - ST - ZIP	Largo, FL 33777	5.4 CITY - ST - ZIP	
TITLE	VPRE <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nash, Thomas M	6.2 NAME	
STREET ADDRESS	8333 Bryan Dairy Rd.	6.3 STREET ADDRESS	
CITY - ST - ZIP	Largo, FL 33777	6.4 CITY - ST - ZIP	

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.

SIGNATURE: *Wendell W. Phillips*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #