Mailing Address

☐ Delete

☐ Delete

☐ Delete

h all other like empowered.

D OR PRINTED NAME OF SIGNING PFEICER ORDERECTOR

12.

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

CITY-ST-7IP

P.O. BOX 100245 BIRMINGHAM AL 35210

DOCUMENT # P15327

JOHNSON, ROBERT M.

BIRMINGHAM AL

460 HODGENS DR

PELL CITY AL 35125

changed, or on an attachment with an address, with

SIGNATURE:

DAVIS, W.J.

3532 SHANDWICK PLACE

11.

TITLE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

OFFICERS AND DIRECTORS

1. Entity Name

4717 ALTON CT

BIRMINGHAM AL 35210

JHK SYSTEMS, INC.

Principal Place of Business

■ Addition

Addition

☐ Addition

☐ Addition

Addition

Addition

☐ Change

☐ Change

☐ Change

Daytime Phone #

NAME COLLINS, C. MICHAEL NAME STREET ADDRESS STREET ADDRESS 7561 CARRIAGE COVE CITY-ST-ZIP CITY-ST-7IP-TRUSSVILLE AL 35173-2834 TITLE ☐ Change TITLE X Delete HURD AUTRED == NAME NAME STREET ADDRESS 考虑中科准界 多种色乳剂原色 = STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOROPWELL AL 35226 TITLE ☐ Delete TITLE ☐ Change JOHNSON, WILLIAM O NAME NAME STREET ADDRESS STREET ADDRESS 3006 ENGLISH OAKS CIRCLE CITY-ST-ZIP CITY-ST-ZIP **BIRMINGHAM AL 35226** ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if

Mar 16, 2001 8:00 am Secretary of State

03-16-2001 90033 039 ***150.00

US						ER ERBIR BIBRI B	1811 81811 81811 81811 1801
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
					DO NOT WRITE IN THIS SPACE		
City & State		City & State		4	4. FEI Number 63-0662598 Applied For Not Applicable		
Zip	Country	Zip	Country		. Certificate of Status Desired		B.75 Additional se Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				Name Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	Zip Code
8. The above na	med entity submits this statement for	the purpose of changing	its register	ed office or registered	agent, or both, in the State of Florio	da.	
SIGNATURE	nature, typed or printed name of registered agent ar	nd title if applicable. (I	NOTE: Registere	d Agent signature required whe	in reinstating)	DATE	<u>———</u>
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! F After MAY 1, 2001 Make Check Payable t			, 2001 Fee	will be \$550.00	10. Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

3-14-01