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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P18778

(1)

JLR OF INDIANA, INC.

Principal Place of Business

41 12.97

FILED

Apr 28 1997 8:00am

Secretary of State

| Principal Place of Business 210 CESSNA BOULEVARD SUITE 1-B DAYTONA BEACH FL 32014 | | Mailing Address 209 CESSNA BLVD SUITE 1-B DAYTONA BEACH FL 32124-6960 | | | |
|---|--|--|---------------------------|---|--|
| | | | | | |
| | | US | | 3. Date Incorporated or Qualified 04/11/1988 | 3a. Date of Last Report 05/01/1996 |
| <u> </u> | Place of Business | 2a. Mailing Address | 0 L \ | 4. FEI Number | Applied For |
| 21 6 0 Suite, Apt. | (285ma Blod | 26 / 60 Cc>5'6 | A BNA | 35-1443164 | Not Applicable |
| 22 5 | 11 ± | 27 Suita I | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | 1 towa Bol 41 | | Bel FI | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | 31124 | Country | 8. This corporation has liability for in | |
| 24 32(| | [29] | O USA | | Yes No |
| | 9, Name and Address of Current | Registered Agent | 81 Name | 10. Name and Address of New Reg | istered Agent |
| | TH, JAMES H. | | | | |
| 2721 SPRUCE CREEK BLVD. 82 Street Addre | | | | Address (P.O. Box Number is Not Acceptable | e) |
| DAY | TONA BEACH FL 32124 | | | | |
| | | | 83 | | |
| | | | 84 City | | FL 85 Zip Code |
| 11. Pursuant office or r | to the provisions of Sections 607.0502 registered agent, or both, in the State c | and 607.1508, Florida Statutes 4 -Florida Such change was au | the above-named | corporation submits this statement for the pu | rpose of changing its registered |
| agent. I s | um familiar with, and accept the obligat | ions of Section 607.0505, Flori | da Statutes. | poration's board of directors. I hereby accept | |
| SIGNATURE | 16 > | | | | 1-17-97 |
| 12. | Signature types or printed name of registered agent OFFICERS AND | | 13. | | |
| TITLE | PD | DELETE | 1.1 1ITE | ADDITIONS/CHANGES TO OFFICE | Change Addition |
| NAME | SMITH, JAMES H. | | 1.2 NAME | | Let Orlange Addition |
| STREET ADDRESS | 2721 SPRUCE CREEK BLVD. | | 1.3 STREET ADDRESS | 1820 Royal Lytham ct | |
| CITY-ST-ZIP | DAYTONA BEACH FL | | | 1820 11174, 124,111111 | |
| TITLE | STD | DELETE | 14 CHY-ST-7IP 21 HITLE | | Change Addition |
| NAME | SMITH, RYAN | □ petert | 2 2 NAME | | Change L Addition |
| STREET ADDRESS | 2721 SPRUCE CREEK BLVD | | 1 | 1890 Reyal Lytham et | ļ |
| | DAYTONA BEACH FL | | 2.3 STREET ADDRESS | 1010 Midth Eddyum CI | |
| CITY-ST-ZIP TITLE | DATIVINA DEAUTIFL | DELETE | 2.4 CHY- ST- ZIP | | Change 14.00 |
| NAME | | | 3.1 TATLE | | Change Addition |
| | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP Title | | DELFTE | 3.4 CITY-S1-ZIP | | Change 14349- |
| NAME | • • | T DEFECTE | 4.1 THILE | | Change Addition |
| | -1 * | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | T DECER | 4.4 CITY - ST - ZIP | | Ohans Asses |
| TITLE | | DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | T contract | 5.4 CITY - ST - 7IP | | |
| TITLE | | L_ DELETE | 6 1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | |
| CITY-ST-7/P | | | 6 & CATV. ST. 7ID | | |

14. I do 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.