

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P39019

(5)

1. Corporation Name

J. JEROD AND ASSOCIATES INC.

Principal Place of Business

POST OFFICE BOX 390
BENTON KY 42025

Mailing Address

POST OFFICE BOX 390
BENTON KY 42025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1992

4. FEI Number

61-0927322

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

N/A

9. Name and Address of Current Registered Agent

WHITE, JOY
C/O MANDARIN TRACE APARTMENTS
3760 OLD SUNBEAM RD.
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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 authorized to execute the provisions 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

TITLE	DC	<input type="checkbox"/> DELETE
NAME	OWEN, JOE A.	
STREET ADDRESS	1111 POPLAR	
CITY-ST-ZIP	BENTON KY	
TITLE	DVC	<input type="checkbox"/> DELETE
NAME	GARLAND, PHYLLIS	
STREET ADDRESS	1111 POPLAR	
CITY-ST-ZIP	BENTON KY	
TITLE	P	<input type="checkbox"/> DELETE
NAME	OWEN, JOE A.	
STREET ADDRESS	1111 POPLAR	
CITY-ST-ZIP	BENTON KY	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	GARLAND, PHYLLIS	
STREET ADDRESS	1111 POPLAR	
CITY-ST-ZIP	BENTON KY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GARLAND, PHYLLIS	
STREET ADDRESS	1111 POPLAR	
CITY-ST-ZIP	BENTON KY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

[Signature] J. JEROD AND ASSOCIATES INC.

7/6/98

(502) 527-1311

CR2E034 (5/98)