


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

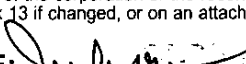
FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90028 020 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P39019 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		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 05/29/1992 4. FEI Number 61-0927322 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OWEN, JOE A.		1.2 NAME		
STREET ADDRESS	1111 POPLAR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BENTON KY		1.4 CITY-ST-ZIP		
TITLE	DVC	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARLAND, PHYLLIS		2.2 NAME		
STREET ADDRESS	1111 POPLAR		2.3 STREET ADDRESS		
CITY-ST-ZIP	BENTON KY		2.4 CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OWEN, JOE A.		3.2 NAME		
STREET ADDRESS	1111 POPLAR		3.3 STREET ADDRESS		
CITY-ST-ZIP	BENTON KY		3.4 CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARLAND, PHYLLIS		4.2 NAME		
STREET ADDRESS	1111 POPLAR		4.3 STREET ADDRESS		
CITY-ST-ZIP	BENTON KY		4.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARLAND, PHYLLIS		5.2 NAME		
STREET ADDRESS	1111 POPLAR		5.3 STREET ADDRESS		
CITY-ST-ZIP	BENTON KY		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE:  **Joe A. Owen**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99 (502) 527-1311
Date Daytime Phone #

CR2E034 (11/98)