

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

FILED
Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000012723 (1)

1. Corporation Name
JAMBAR, INC.

Principal Place of Business
2148 SADLER ROAD 1927 SO 14TH ST
AMELIA ISLAND FL 32034
US

Mailing Address
2148 SADLER ROAD 1927 SO 14TH ST.
AMELIA ISLAND FL 32034
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/18/1993	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3183219		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent GRAHAM, JAMES E 2148 SADLER ROAD 1927 SO 14TH ST. AMELIA ISLAND FL 32034			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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, BARBARA D	1.2 NAME	
STREET ADDRESS	2148 SADLER RD 1927 SO 14TH ST	1.3 STREET ADDRESS	1927 SO 14TH ST
CITY-ST-ZIP	AMELIA ISLAND FL	1.4 CITY-ST-ZIP	AMELIA ISLAND FL 32034
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, JAMES E	2.2 NAME	
STREET ADDRESS	2148 SADLER RD	2.3 STREET ADDRESS	1927 SO 14TH ST
CITY-ST-ZIP	AMELIA ISLAND FL	2.4 CITY-ST-ZIP	AMELIA ISLAND FL 32034
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, BARBARA L	3.2 NAME	
STREET ADDRESS	2148 SADLER RD	3.3 STREET ADDRESS	1927 SO 14TH ST
CITY-ST-ZIP	AMELIA ISLAND FL	3.4 CITY-ST-ZIP	AMELIA ISLAND FL 32034
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, WILLIAM B	4.2 NAME	
STREET ADDRESS	848 GREYMONTE CIR	4.3 STREET ADDRESS	563 JUAN ANASCO
CITY-ST-ZIP	MARIETTA GA 30064	4.4 CITY-ST-ZIP	LUNG BOAT KEY, FL 32228
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, EMILY A	5.2 NAME	
STREET ADDRESS	848 GREYMONTE CIR	5.3 STREET ADDRESS	1927 SO 14TH ST
CITY-ST-ZIP	MARIETTA GA 30064	5.4 CITY-ST-ZIP	AMELIA ISLAND FL 32034
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.

SIGNATURE:

SIGNATURE AND TITLE OF OFFICER OR DIRECTOR

3/4/98

CP2E034 (10/97)