FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P93000025667 (5)

SAGER ENTERPRISES OF JAX, INC.

Mailing Address



	GOSSA AVE	2312 SARAGOSSA	AVE		
	ILLE FL 32217	JACKSONVILLE FL			
				3. Date incorporated or Qualified 04/05/1993	3a. Date of Last Report 04/19/1995
2. Principal Pla 1	ce of Business	2a. Mailing Address 26		4. FEI Number 59-3176135	Applied For Not Applicabl
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			\$8.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
7		28		Trast Faria Contribution	Added to Fees
Zιρ [1]	Country 25	Ζ ₁ ρ 29	Country	8. This corporation has liability for inta	
1	9. Name and Address of Curren		30	Florida Statutes Yes 10. Name and Address of New Rec	No
		Trogratoroo Agent	81 Name	TU. Name and Address of New Heg	istered Agent
SAGER	R, JEFFREY C				
2312 SARAGOSSA AVE			82 Street Ac	ldress (P.O. Box Number is Not Acceptable)	
	ONVILLE FL 32217		83		

			84 City		FL 85 Zip Code
1. Pursuant to	the provisions of Sections 607.0502	and 607 1508. Florida Statu	Ites the above-named corr	poration submits this statement for the purpos	-
	d agent, or both, in the State of Florid o, and accept the obligations of, Section			paration submits this statement for the purpount pard of directors. I hereby accept the appoint	se of changing its registered only tment as registered agent. I am
Territoria With	, and accept the congations of, section	on 607.0000, Florida Statute	98.		
'GNATURE' 's	ignature, typed or printed name of registered agent a	and title if anolicable f	NOTE: Registered Agent signature requ	uired when reinstation)	DAYE
2.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
LF	PVST	☐ DELETE	1. 1 TITLE	723/10/10/07/11/02/07/07/102	Change Addition
.Ma	sager, Jeffrey C		1 2 NAME		
REET ADDRESS	2312 SARAGOSSA AVE		13 STREET ADDRESS		
1Y-S1-ZIP	JACKSONVILLE FL 32217		l l		
	or to the orthical to be a control				
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of hereby deality 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

ME OF SIGNING OFFICER OR DIRECTOR

904-733-8645