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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P93000033483 (7)

JAZ HOME SERVICES, INC.

Principal Place of Business Mailing Address 3630 1ST AVE W PO BOX 15134 **BRADENTON FL 34205 BRADENTON FL 34280** DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 05/10/1993 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0414928 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes 25 29 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ZIMMERMAN, FREDERIC W 3630 1 AVENUE WEST 82 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34205** 83 84 City 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 territor with and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE

OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 TITLE DELETE 1.1 TITLE Change NAME ZIMMERMAN, FREDERIC W 1.2 NAME STREET ADDRESS 3630 1 AVE W 1.3 STREET ADDRESS **BRADENTON FL 34205** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Z Change TITLE 2.1 TITLE Addition DZIMMERAW HUTCHINGON, LAURIE # 14. ET WINGSMAND CAPAGEH NAME 2.2 NAME C30108 AVEW 3630 - 1ST AVE., W. STREET ADDRESS 2.3 STREET ADDRESS BEADOUTH 34205 FL **BRADENTON FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DF1 FTF TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - 21P 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE MALA 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADORESS** 

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 suppliemental 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 all accurate with an address.

SIGNATURE:

FWZIMMERNAN

**FILED** 

Mar 18 1998 8:00am

Secretary of State