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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000033697

1. Corporation Name

2 JAX ENTERPRISES, INC.

## **FILED** Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90050 004 \*\*\*150.00



Principal Place of Business Mailing Address						
7223 STATE RD. 52 7223 STATE RD. 52						
SUITE 1 SUITE 1						DO NOT WRITE IN THIS SPACE
HUDSON FL 34667 HUDSON FL 34667						3. Date Incorporated or Qualifed
						05/10/1993
2. Principal Place of Business , 2a. Mailing Address						4. FEI Number Applied For
21 5613 University Blud. W 26						<b>59-3181738</b> Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5, Certificate of Status Desired  \$8.75 Additional
22 27						ree Required
City & State  23 Jacksonville, FL  28 City & State						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country Zip			Country			
24 32316-5558 25 US 29			30			8. This corporation owes the current year Intangible Personal Property Tax.   Yes □ No
24 355.0	9. Name and Address of Current		1301			10. Name and Address of New Registered Agent
-		<del></del>	8	31	Name	
SMITH, CHRIS				32	Street	Address (P.O. Box Number is Not Acceptable)
7223 STATE ROAD 52					Subcir	Addiess (F.O. Box Humber is Hot / Iosephano)
SUITE 1			[8	33		
HUD	SON FL 34667		. [	34	City	85 Zip Code
				- 1	-	<b>                                      </b>
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						
			Registered A	gent	signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	DP DELETE			1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, CHRIS	_	1.2 NAM	E	Ţ	
STREET ADDRESS	7223 S.R. 52, SUITE 1		1.3 STR	EET	ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667		1.4 CITY	-ST	-ZIP	
TITLE	DST	DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	romaniak, John	•	2.2 NAM	Ε	Ì	
STREET ADDRESS	7223 S.R. 52, SUITE 1		2.3 STR	EET.	ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667		2. 4 CM	_	r-ZIP	CO. STAUTHO
TITLE		☐ DELETE	3.1 TITL		ļ	DST ☐ Change Maddition
NAME			3.2 NAM			David Vickery 5613 University Blvd. W Jacksonville, FL 32216-5558
STREET ADDRESS					ADDRESS	7- heartille F1 32216-5558
CITY-ST-ZIP		☐ DELETE	3.4. CIT		i-ZIP	Change Addition
TITLE		- Officie	4.2 NA			
NAME OTOGET ADDRESS			1		ADORESS	
STREET ADDRESS CITY-ST-ZIP						
TITLE	DELETE			4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME		_	5.2 NAM	ΙE		
STREET ADDRESS			5.3 STR	EET	ADDRESS	<b> </b>
CITY-ST-ZIP			5.4 CITY	′- ST	-ZIP	
TITLE		☐ DELETE	6.1 TITL	E		Change Addition
NAME			6.2 NAM	Œ		1
STREET ANDRESS			6.3 STR	EET	ADDRESS	

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.

6.4 CITY-ST-ZIP

SIGNATURE !

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF