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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000038291 (9)

JIMMIE'S FLEA MARKET, INC.

Principal Place	e of Business	Mailing Address					
RT 1 BOX 3329 MADISON FL 3	9F	RT 1 BOX 3329F	•				
					 Date Incorporated or Qualified 05/27/1993 	3a. Date of Last R 05/01/1996	leport
	ace of Business	2a. Mailing Address			4. FEI Number	} }- -	optied For
21	1	26			59-3186718		ot Applicable
Suite, Apt 4 22 City & State		Suite, Apt. #, etc. 27 City & State		\ 	5. Certificate of Status Desired	Fee Re	Additional equired
23	:	28			Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be
Z(p)	Country	Zip	Countr	у	8. This corporation has liability for i		
24	25	29	30			Yes No	. (05.002,
	9, Name and Address of Cur	rrent Registered Agent			10. Name and Address of New Re	gistered Agent	
RAG	IANS, JIMMIE		8	Name			
	1 BOX 3329F		8:	Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
MAD	MSON FL 32340		L		-		
			8	3			
			8	City		85 Zip	Code
					rporation submits this statement for the p	FL "	
office or re agent. Lar SIGNATURE	egistered agent, or both, in the S m kimiliar with, and accept the of	tate of Florida. Such change was bligations of, Section 607.0505, F	authorized t Florida Statute	by the corporates.	ation's board of directors. I hereby acception when reinstating)	of the appointment as	registered
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 TITLE			Change	Addition
NAME	RAGANS, JIMMIE		1.2 NAME				'
STREET ADDRESS	RT 1 BOX 3329F		13 STRE	T ADDRESS			
CITY - ST - ZIP	MADISON FL 32340		1.4 CITY	ST-ZIP			
THEF	D	DELETE	2.1 TITLE			Change	Addition
NAME	RAGANS, LATRELLE		2.2 NAME			:	
STREET ADDRESS	RT 1 BOX 3329F			T ADDRESS			
CHY S1 74	MADISON FL 32340		2. 4 CiTY 3.1 YiTLE	-ST-ZIP	Change A		Addition
T 11#		בין סנננונ	3.1 30 LE 3.2 NAME		•	Change	M VOUITION
NAME STREET ADEIRESS			1	T ADDRESS			
City-St 28			3.4. CITY				
TOLF		DELETE	41 TITLE			Change	Addition
NAME			4. 2 NAM	E			
STREET ACURESS			4.3 STRE	T ADDRESS			
CITY ST ZiP			4.4 CITY	ST-ZIP			
TillE		DELETE	5.1 TITLE			Change	Addition
NAM:			5.2 NAME				
STREET ADDRESS			5.3 STRE	ET ADORESS			
CITY+ST 7IP			5.4 CITY	ST-ZIP			
TILF		☐ DELETE	6 1 TITLE			Change	Addition
NAME			62 NAME				
STREET ADDRESS				T ADDRESS			
0 *Y-\$!-7 P	and the Box the officer time -	shod with this files does on a	6.4 City		ed in Section 119.07(3)(i), Florida Statute	o I further continue at all	the
informatica Langan of	n indicated on this annual report	or supplemental annual report is n or the receiver or trustee empo	true and acc owered to exe	curate and the	ed in Section 119.07(3)), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	al effect as if made un	ider oath; that

SIGNATURE:

MANNIE & RABUSED IN GRADUS OF PORT OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/31/97

904-973-85-46

FILED

Apr 03 1997 8:00am

Secretary of State

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