FOR PROFIT CORPORATION UNIFORM BUSINESS DEPORT (11)

FILED Jul 30, 2002 8:00 am Secretary of State

DOCU 1. Entity Na	JMENT # PQ3		382	91		07-30-200	02 90377 (008 ***150.00
Jimmie's Flea Market, Inc								
	DO NOT WRITE	IN THIS S	PACE		·			
2. Principal R + Suite, Ap	Place of Business Box 3329 F D. J. etc.	3. Mailing Address R. J. B. Suite, Apt. #, etc.	3329F			DO NOT WRI	TE IN THIS SF	PACE
City & St.	ilson F) Country	City & State	F1		4. FEI Nun	nber 31867/8	<u>. </u>	Applied For Not Applicable
323	40 Madison	32340	Country	132	5. Certifica	ite of Status Desired	□ \$	8.75 Additional
A su properties		in Filolope 115	Name		7. Name and	Address of Current	Registered A	se required sgent
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) Not Acceptable)								
* The show	Eddinas (N. 1020 Aktija	ระดีสะสารสุดสมาชาวกระทำ	City	عنهما	N0=		FL	Zin Code
• THE SDOVE	e named entity submits this statement for	the purpose of changing its	s registered office	or registere	ed agent, or b	oth, in the State of Flo	rida.	SES IV
SIGNATURE								
9. This corp Tax filing (See crite	lay 1 Fee is \$1: 1, Fee is \$550.0 d UBR is \$61:25 Die to Departme	0	1882 T.	lection Campaign Fina rust Fund Contribution	ancing	\$5.00 May Be Added to Fees		
TITLE	President OFFICERS AND D	RECTORS	describing the second	an and the			a de artigen	KSP 6 SPEAKED
NAME STREET ADDRESS CITY-ST-ZIP	Jimmie Regars R+ 1, Box 3329 F		TITLE NAME STREET ADDRESS			nurser ketiti Vilkikasias s Ografikasias	a digitali National National	
TITLE	Madison Fl Vice President	32340	CITY ST ZIP	52.2052.4	1 6 7 5 4		1.20	8
NAME STREET ADDRESS CITY-ST-ZIP	Minnie Ragans	/a	NAME Street Address		A Boye 1992 A A Carolina S	and the Market California yane a Market Dallas an		CROFINAR
TITLE NAME	Matison, F1 3234	<u>, </u>	CITY: ST-ZIP.					and a company of the
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NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS	40.00 (4) 40.00 (4) 40.00 (4) 40.00 (4)			Lorent State O Police Go	
13. I hereby ce	ertify that the information supplied with this on this report or supplemental report is true oration or the receiver or trustee empowe with an address, with all other like empoy	filing does not qualify for the e and accurate and that my pred to execute this report evered.	city-st-zie he exemption state signature shall ha as required by Ch	ed in Section ive the same apter 607, i	ın 119.07(3)(i te legal effect Florida Statut), Florida Statutes. I fu as if made under oat es; and that my name	rther certify th h; that I am an appears in B	nat the information officer or director glock 11 or on an
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF SIGN								

Date

Daytime Phone #

attackment #P93000038291 123093

July 13, 2002

Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302

Re: 59-3186718 Jimmie's Fleamarket, Inc.

Dear Sir or Madam:

I did not receive the original form for filing. Please waive the penalty for late filing.

Sincerely,

Jimmie Ragans