

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000043586 (5)**

1. Corporation Name

JETT AND ASSOCIATES, INCORPORATED



Principal Place of Business

Mailing Address

**2223 TRESCOTT DR
TALLAHASSEE FL 32312**

**2223 TRESCOTT DR
TALLAHASSEE FL 32312**

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

**JETT, SARAH J
2223 TRESCOTT DR
TALLAHASSEE FL 32312**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

3. Date Incorporated or Qualified

06/18/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3188560

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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

Signature of person submitting this filing (must be the registered agent)

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME
JETT, SARAH J.
STREET ADDRESS
2223 TRESCOTT DRIVE
CITY-STATE-ZIP
TALLAHASSEE FL

1.1 TITLE ☐ Change ☐ Addition

2.1 TITLE ☐ DELETE

NAME
JETT SR., W. LLOYD
STREET ADDRESS
2223 TRESCOTT DRIVE
CITY-STATE-ZIP
TALLAHASSEE FL

2.1 TITLE ☐ Change ☐ Addition

3.1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

4.1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

5.1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

6.1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

7.1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

7.1 TITLE ☐ Change ☐ Addition

8.1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

8.1 TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Sarah J. Jett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sarah J. Jett

2/9/96

DATE

904-385-2238

DAYTIME PHONE #

CR2E034 (12/95)