$550.00-$550.00

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EPORT
99

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 02, 1999 8:00 am
Secretary of State
08-02-1999 90001 022 ***550.00

ENT # P93000058273

JRFING, INC.

Place of Business	Mailing Address
EANSIDE BLVD E NSIDE CA 92056	146 LEVY RD ATLANTIC BEACH FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1993

4. FEI Number: 59-3197373 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property. ☐ Yes ☐ No

21. Principal Place of Business	26. Mailing Address
	4059 Oceanside Blvd
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc. Ste E
23. City & State	28. City & State Oceanside, CA
24. Zip / 25. Country	29. Zip 92056 / 30. Country USA

9. Name and Address of Current Registered Agent

MAURER, DONALD G JR
146 LEVY ROAD
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

81 Name 7869
82 Street Address (P.O. Box Number is Not Acceptable) Valley View Dr.
83
84 City Jacksonville FL 85 32211

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] VPD — DATE: 7/21/99
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD STRUMPF, TERRY 900 CALLE NEGOCIO SAN CLEMENTE CA 93673	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Secretary, VPD MAURER, DONALD G 4059 OCEANSIDE BLVD, STE E OCEANSIDE, CA 92056	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD CREGAN, BRIAN L 22 MYRNIONG GROVE BERRAVA NEW S. WALES AUSTRAL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TREASURER PHILLIP MEWETT LOT 1 FLOOD AVE SUSSEX INLET NSW AUSTRALIA	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary, VPD Maurer, Donald G. 7869 Valleyview Dr. Jacksonville, FL. 32211	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/99)

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.

SIGNATURE: [signature] VPD — 7/21/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #