

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

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000004999 (6)**

1. Corporation Name  
**JAGUAR DEVELOPMENT COMPANY**

Principal Place of Business  
**2492 SPRING VALE RD  
JACKSONVILLE FL 32246  
US**

Mailing Address

**2492 SPRING VALE RD  
JACKSONVILLE FL 32246-9737  
US**

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**22**  
City & State

27. City & State

**23**  
Zip **24** Country **25**

28. Zip **29** Country **30**

9. Name and Address of Current Registered Agent

**ETHRIDGE, BALDMAN L  
2492 SPRING VALE RD.  
JACKSONVILLE FL 32246**

**81** Name

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

**83**

**84** City

**FL** **85** Zip Code

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, typed or printed name of registered agent if applicable)

(NOTE: Registered Agent signature required when remitting)

DATE

12. OFFICERS AND DIRECTORS

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

TITLE **PST**  
NAME **ETHRIDGE, BALDMAN L.**  
STREET ADDRESS **2492 SPRING VALE RD.**  
CITY-ST-ZIP **JACKSONVILLE FL**

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

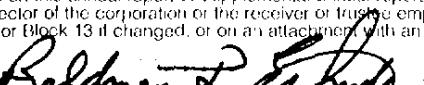
6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:  BALDMAN L. ETHRIDGE 3-11-97 565-904A

FILED  
Mar 14 1997 8:00am  
Secretary of State



CR2E034 (9/96)