FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P94000010839 (6)

1. Corporation Name

J & S VAULT CO., INC.

Principal Place of Business
1115 HWY 71 N
BLOUNTSTOWN FL 32424

Mailing Address
P O BOX 336
BLOUNTSTOWN FL 32424

3. Date Incorporated or Qualified: 02/03/1994
3a. Date of Last Report: 07/31/1995

2. Principal Place of Business
21 832 5th St.
Suite, Apt. #, etc.
22
City & State
23 Blountstown, FL.
Zip 24 32424 Country 25 US

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3221777 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAMS, GRANT
1115 HWY 71 N
BLOUNTSTOWN FL 32424

10. Name and Address of New Registered Agent

81 Name: Shelby Shoemake
82 Street Address (P.O. Box Number is Not Acceptable): Rt. 1 Box 12-AA
83
84 City: Bristol FL 85 Zip Code: 32321

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: Shelby Shoemake DATE: 6-8-96

12. OFFICERS AND DIRECTORS

TITLE	PS	☐ DELETE
NAME	ADAMS, MELISSA	
STREET ADDRESS	1115 HWY 71 N	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	VT	☑ DELETE
NAME	WILLIAMS, GRANT	
STREET ADDRESS	1115 HWY 71 N	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	800001860698	
5.3 STREET ADDRESS	-06/12/96--01129--038	
5.4 CITY-ST-ZIP	***200.00	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	05-01-96 OR	

CR2E034 (12/95)

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: Melissa Adams Melissa Adams 1-18-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #