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Aug 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P94000025509 (8)

1. Corporation Name
JADE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
13846 ATLANTIC BLVD JACKSONUILLE, FL 32225 US	P.O. BOX 35057 JACKSONUILLE, FL 32235 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/04/1994

2. Principal Place of Business
21 13846 ATLANTIC BLVD
22 Suite, Apt. #, etc.
23 City & State: JACKSONUILLE FL
24 Zip: 32225 25 Country: U.S.

2a. Mailing Address
26 P.O. BOX 350357
27 Suite, Apt. #, etc.
28 City & State: JACKSONUILLE FL
29 Zip: 32235 30 Country: U.S.

4. FEI Number: 59-3232972 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BELL, TIMOTHY J.
13846 ATLANTIC BLVD
JACKSONUILLE, FL 32225

10. Name and Address of New Registered Agent

81 Name: BELL, TIMOTHY J.
82 Street Address (P.O. Box Number is Not Acceptable): 13846 ATLANTIC BLVD
83
84 City: JACKSONUILLE **FL** 85 Zip Code: 32225

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 _____ DATE
Signature: Type 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	PTSD BELL, TIMOTHY J. 13846 ATLANTIC BLVD JACKSONUILLE, FL ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P/D TIMOTHY J. BELL 13846 ATLANTIC BLVD JACKSONUILLE, FL 32225 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	T/S/D KATHLEEN B. GLASS 1533 DERRINGER RD. JACKSONUILLE, FL 32225 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 400002629974 -09/01/98--01028--045 ***550.00

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: Capt T J Bell CAPT T.J. BELL 21 Aug 98 904 220 7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

CR2E034 (10/97)