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

**PROFIT** CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP

Lam an officer or director of the appears in Block 12 or Block 18

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P94000035604 (5)

JAGUAR DRYWALL OF THE BEACHES, INC.

Principal Place of Business Mailing Address 1891 BLUE HERON LANE 1891 BLUE HERON LANE JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250-2582 3. Date Incorporated or Qualified 3a. Date of Last Report 05/11/1994 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FE! Number Applied For 59-3241910 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country Zip 6. This corporation has liability for intengible tax under s. 199.032, Yes □ No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ADAMS, MICHAELYN C 1125 13TH AVENUE NORTH Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE BEACH FL 32250 63 84 City 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 and title if applicable (NOTE: Registered Agent signature required when reinstating) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 96/6 DELETE 1.1 TITLE \_\_ Change Addition THE LEE, MARK A 1.2 NAME NAME 1891 BLUE HERON LANE 1.3 STREET ADDRESS STREET ADORESS JACKSONVILLE BEACH FL 32250 1.4 CITY-ST-ZIP  $\tilde{C}(J)_{T}:S^{\infty}(J)^{p}$ VD DELETE Change Addition 21 TITLE TIME MILLER, LEE L 2.2 NAME NAM 609 10TH AVE NORTH STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE BEACH FL 2. 4 CITY-ST-ZIP CHY-S1-ZIF SD DELETE Change Addition TIFLE 3.1 TITLE MANLY, WILLIAM M 3.2 NAME NAV: 1034 13TH AVENUE NORTH 3.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE BEACH FL 32250 3.4 CITY-ST-ZIP OHY ST ZE DELETE Change Addition 4.1 TITLE TIT, F NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 007-ST-79 4.4 CITY - ST-ZIP DELETE Change ☐ Addition 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZiF 5.4 CITY-ST-ZIP DELETE Addition 61 TITLE Change THE 6.2 NAME NAME 6.3 STREET ADDRESS STEEL ADORESS

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

ent with an address.

INTED NAME OF BIGNING OFFICER OR DIRECTOR

ation or the receiver on trustee empowered to execute this report as required by Chapter 907, Florida Statutes, and that my name