

DOCUMENT # P94000038702

1. Entity Name  
JS & J FINANCE CORP.

FILED  
Jan 12, 2001 8:00 am  
Secretary of State

01-12-2001 90049 019 \*\*\*150.00

Principal Place of Business      Mailing Address  
P.O. BOX 1296      P.O. BOX 1296  
DADE CITY FL 33526      DADE CITY FL 33526



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
  
City & State      City & State  
  
Zip      Country      Zip      Country

4. FEI Number      59-3246738      Applied For  
Not Applicable  
5. Certificate of Status Desired      ☐      \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
BROCK, P. HUTCHINSON II  
% FOWLER WHITE GILLEN BOGGS VILLAREAL  
501 E. KENNEDY BLVD., SUITE 1700  
TAMPA FL 33602

7. Name and Address of New Registered Agent  
Name P. Hutchinson Brock II  
Street Address (P.O. Box Number is Not Acceptable)  
37837 Meridian Ave.  
City Dade City FL Zip Code 33525

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS		
TITLE	D <input type="checkbox"/> Delete	
NAME	JARRETT, BRIAN D	
STREET ADDRESS	11849 ORANGE COURT	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	D <input type="checkbox"/> Delete	
NAME	JARRETT, WILLIAM R SR.	
STREET ADDRESS	5257 HALSTEAD LANE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	D <input checked="" type="checkbox"/> Delete	
NAME	SKEEN, WILLIAM D	
STREET ADDRESS	36841 PERRY COURT	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brian D. Jarrett      Brian D. Jarrett      1-5-01      352-567-6711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)