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 # P94000066948 (8)

1. Corporation Name

J.A.G.'S CONSULTING SERVICES, INC.

Principal Place of Business	Mailing Address
1953 COLONIAL BLVD. FORT MYERS FL 33907 US	219 SE 43RD LANE CAPE CORAL FL 33904

3. Date Incorporated or Qualified **09/13/1994**
3a. Date of Last Report **05/01/1995**

4. FEI Number **65-0520588** — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

Suite, Apt. #, etc.	Suite, Apt. #, etc
22	27

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

City & State	City & State
23	28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

NOBLES, JULIE A
219 SE 43RD LANE
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

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 and their application _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D** ☐ DELETE NAME NOBLES, JULIE A STREET ADDRESS 219 SE 43RD LANE CITY-ST-ZIP CAPE CORAL FL 33904		1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY-ST-ZIP	☐ Change ☐ Addition

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: _Julie A. Nobles_ 4/30/96 (941) 275-0234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #