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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000070109 (1)

JIM-MAR CORPORATION

Principal Place of Business

Mailing Address

10500-26 SAN JOSE BLVD

10500-26 SAN JOSE BLVD

FILED Apr 16 1998 8:00am Secretary of State



JACKSONVILLE FL 32257		JACKSONVILLE FL 3225		DO NOT INDITE IN THIS SPACE		
				DO NOT WRITE IN THIS: 3. Date Incorporated or Qualified	SPACE	
				09/21/1994	i	
2. Principal F	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3267586	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27	· · · · · · · · · · · · · · · · · · ·	b. Certificate of Status Desired	Fee Required	
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be	
Z ip	Country	28	Country	Trust Fund Contribution L	Added to Fees	
24	25	29	30	8. This corporation owes or has paid the cur Personal Property Tax due June 30.	rent year Intangible	
6.71	9. Name and Address of Cui		1301	10. Name and Address of New Registered		
ROGERS, JIMMY C 81				Time VA RICERS		
10500-26 SAN JOSE BLVD.			R2 Street	82 Street Address (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32257				67 ITAWKCREST DR	?,	
			83			
			84 City		85 Zip Code_	
44.5				SACKSOMULLE, FL	1 32259 1	
office of r	to the provisions of Sections 607.9 e giste red agent, or both, in the St	0502 and 607.1508, Fforida Statut ate of Fforida. Such change was a	es, the above-named authorized by the corp	corporation submits this statement for the purpose of poration's board of directors. I hereby accept the app	changing its registered ointment as registered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Bignature, typed or printed name of registered	(NOT) and title if applicable (NOT)	E Registered Agent signature	required when reinstating) DATE		
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	PSTD	DELETE	1.1 TITLE			
NAME	ROGERS, JIMMY C		1.2 NAME	JIMMY C. RUGERS		
STREET ADDRESS	10500-26 SAN JOSE BLV	D.	1.3 STREET ADDRESS	1767 HAWKEREST DIC.	- li	
CITY-ST-ZIP	JACKSONVILLE FL 32257		1.4 CITY-ST-ZIP	JIMMY C. RUGGES 1767 HAWKCREST DR. JACKSONVILLE, FL. 322-5	9	
TITLE		☐ DELETE	2.1 TITLE	,	Change	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
NAME		L_J Dictil	3.2 NAME		T Cuarific T Vanition	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. City-St-ZiP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME		-	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		1	
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP		Change	
NAME		Li pricit	6.1 TITLE 6.2 NAME		Change Addition	
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 City-St-Zip			
VIII-OL-EIF			■ 0.4 OH 1 - 51 - ZIF			

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 required 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 attrictment with an address.