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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P94000086745 (4)

1. Corporation Name
JATSN, INC

Principal Place of Business — Mailing Address
550 BALMORAL CIRCLE NORTH
SUITE 108
JACKSONVILLE, FL 32218

SAME

3. Date Incorporated or Qualified: 11/23/94
3a. Date of Last Report: 5/11/96

2. Principal Place of Business
21: 1680 DUNN AVENUE
Suite, Apt. #, etc.
22: #3
City & State
23: JACKSONVILLE, FL
Zip: 24: 32218
Country: 25:

2a. Mailing Address
26: P.O. BOX 26183
Suite, Apt. #, etc.
27:
City & State
28: JACKSONVILLE, FL
Zip: 29: 32226-6183
Country: 30:

4. FEI Number: 59-3279285 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STEVE BURNETT
550 BALMORAL CIRCLE NORTH
SUITE 108
JACKSONVILLE, FL 32218

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 1680-3 DUNN AVENUE
83:
84 City: JACKSONVILLE FL 85 Zip Code: 32218

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 and agree to act in this capacity, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Steve Burnett STEVE BURNETT (NOTE: Registered Agent signature required when reinstating) DATE: 3/31/97

12. OFFICERS AND DIRECTORS

TITLE: PTS — ☐ DELETE
NAME: BURNETT, STEVE
STREET ADDRESS: 15327 CROSS DRIVE SOUTH
CITY-ST-ZIP: JACKSONVILLE, FL 32226

TITLE: VP — ☒ DELETE
NAME: OANCEA, DEBBIE
STREET ADDRESS: 803 ALEXANDRA STREET
CITY-ST-ZIP: ST. MARYS, GA 31558

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP — ☐ Change ☐ Addition

2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP — ☐ Change ☐ Addition

3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP — ☐ Change ☐ Addition

4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP — ☐ Change ☐ Addition

5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP — ☐ Change ☐ Addition

6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP — ☐ Change ☐ Addition

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***165.00

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14. I declare that I have examined 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: Steve Burnett STEVE BURNETT, PRES 3/31/97 904-751-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4-2-97