

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

FILED

Apr 15 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000001454 (4)

1. Corporation Name

JACK OF MANY TRADES, INC.

Principal Place of Business

Mailing Address

5 HIGH POINT CIRCLE W. #103  
NAPLES FL 33940-4254

5 HIGH POINT CIRCLE W. #103  
NAPLES FL 33940-4254

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1995

4. FEI Number

65-0549943

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MC GEE, ELEANOR  
544 1ST AVE. SOUTH  
NAPLES FL 33940

81 Name MC GEE, ELEANOR C.

82 Street Address (P.O. Box Number is Not Acceptable)  
5 HIGHPOINT CIRCLE W. #103

83

84 City  
NAPLES

85 Zip Code  
FL 34103

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 ELEANOR C. MC GEE

Signature, typed or printed name of registered agent and title if applicable

*Eleanor C. Mc Gee, REG. AG.*

(NOTE: Registered Agent signature required when reinstating)

APRIL 10, 1998

DATE

12. OFFICERS AND DIRECTORS

TITLE PT  
NAME MC GEE, ELEANOR  
STREET ADDRESS 544 1ST AVE. SOUTH  
CITY-ST-ZIP NAPLES FL 33940 ☒ DELETE

TITLE VS  
NAME MC GEE, JACK W  
STREET ADDRESS 544 1ST AVE. SOUTH  
CITY-ST-ZIP NAPLES FL 33940 ☒ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.T.  
1.2 NAME MC GEE, ELEANOR C.  
1.3 STREET ADDRESS 5 HIGHPOINT CIRCLE W. #103  
1.4 CITY-ST-ZIP NAPLES FL. 34103-4254 ☒ Change ☐ Addition

2.1 TITLE V. S.  
2.2 NAME MC GEE, JACK W.  
2.3 STREET ADDRESS 5HIGHPOINT CIRCLE W. #103  
2.4 CITY-ST-ZIP NAPLES FL. 34103-4254 ☒ 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

14. 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 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.

CR2E034 (10/97)