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

**PROFIT** CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED

Mar 25 1998 8:00am

Secretary of State

## **DOCUMENT #**1. Corporation Name P95000003976 (4)

JOBBOX OF NORTHERN INDIANA, INC. Principal Place of Business Mailing Address 4500 140TH AVE N P.O. BOX 17507 SUITE 119 CLEARWATER FL 34622 **CLEARWATER FL 34622** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/12/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3295303 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. XYes -9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THAYER, JERYL F 408 27 AVE. W. 62 Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34205** 84 City 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 obtination of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTOR 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition THAYER, JERYL F NAME 1.2 NAME 408 27 AVE. W. STREET ADDRESS 1.3 STREET ADDRESS **BRADENTON FL 34205** CITY-ST-7IP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE 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 roport or supplemental annual roport 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 rocciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 in change in my name altactment with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST-ZIP

L & THAYER \_ 94 748 8817 **SIGNATURE**