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FILED

May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000038199 (2)

1. Corporation Name
J.A.S.T. ENTERPRISES, INC.



Principal Place of Business
6953 W. NASA BLVD.
#85
WEST MELBOURNE FL 32907

Mailing Address
PO BOX 2597
#85
MELBOURNE FL 32902-2597
US

3. Date Incorporated or Qualified
05/12/1995

3a. Date of Last Report
05/01/1996

4. FEI Number
59-3314685

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

HAMMOND, JASON P
7580 GREENBORO DR. #6
W MELBOURNE FL 32904

10. Name and Address of New Registered Agent

81 Name JASON P. HAMMOND
82 Street Address (P.O. Box Number is Not Acceptable)
3593 Egret Dr.
83
84 City Melbourne FL 85 Zip Code 32901

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--------|
| TITLE | M | DELETE |
| NAME | HAMMOND, EDWARD P | |
| STREET ADDRESS | 1311 DEEDRA ST NW | |
| CITY-ST-ZIP | PALM BAY FL | |
| TITLE | D | DELETE |
| NAME | HAMMOND, JASON P | |
| STREET ADDRESS | 7580 GREENBORO DR. #6 | |
| CITY-ST-ZIP | W. MELBOURNE FL 32904 | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|--------------------|---------------------|--------|----------|
| 1.1 TITLE | | Change | Addition |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE | P | Change | Addition |
| 2.2 NAME | JASON P. HAMMOND | | |
| 2.3 STREET ADDRESS | 3593 Egret Dr. | | |
| 2.4 CITY-ST-ZIP | Melbourne FL. 32901 | | |
| 3.1 TITLE | | Change | Addition |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | Change | Addition |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | Change | Addition |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | Change | Addition |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

407-537-6084

CR2E034 (9/96)