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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 # P95000064358 (1)

1. Corporation Name
JAX PANAMA, INC.

Principal Place of Business	Mailing Address
303 STATE ROAD 26 MELROSE FL 32666	35 CROSS ST. PEABODY MA 01960-1608

3. Date Incorporated or Qualified: 08/21/1995	3a. Date of Last Report: 12/16/1996
4. FEI Number: 04-3338262	☐ 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	2a. Mailing Address
21 35 CROSS ST	26 35 CROSS ST
22 Suite, Apt. #, etc.	27 PEABODY, MA
23 City & State: PEABODY MA	28 01960
24 Zip: 01960	29 Zip
25 Country: USA	30 Country

9. Name and Address of Current Registered Agent

GORDON, WILLIAM K
303 STATE ROAD 26
MELROSE FL 32666

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE	PTD	☒ Change ☐ Addition
NAME	CUTHBERT KEATING, ALLISON J		1.2 NAME	KEATING, Allison J	
STREET ADDRESS	25 TAPLEY ST.		1.3 STREET ADDRESS	25 TAPLEY ST	
CITY-ST-ZIP	LYNN MA 01904		1.4 CITY-ST-ZIP	LYNN, MA 01904	
TITLE	AS	☐ DELETE	2.1 TITLE	AS	☒ Change ☐ Addition
NAME	CUTHBERT KEATING, ALLISON J		2.2 NAME	KEATING, Allison J.	
STREET ADDRESS	25 TAPLEY ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LYNN MA 01904		2.4 CITY-ST-ZIP	LYNN	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GORDON, WILLIAM K		3.2 NAME		
STREET ADDRESS	303 STATE RD. 26		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELROSE FL 32666		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE	VD-AT	☐ Change ☒ Addition
NAME	~~PAULA C~~		4.2 NAME	KEATING, PAULA J.	
STREET ADDRESS			4.3 STREET ADDRESS	449 Summer St	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	LYNNfield, MA 01940	
TITLE		☐ DELETE	5.1 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
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: ✓ Allison J. Keating Allison J Keating 3/14/97 508-532-8464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0011210