

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90206 045 ***158.75

DOCUMENT # P95000064358

1. Corporation Name

JAX PANAMA, INC.

Principal Place of Business

35 CROSS ST
PEABODY MA 01960
US

Mailing Address

35 CROSS ST
PEABODY MA 01960
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1995

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 90 *90 Allison J. Keating*

2a. Mailing Address

26 90 *90 Allison J. Keating*

Suite, Apt. #, etc.

22 *111 Allen Ave*

Suite, Apt. #, etc.

27 *111 Allen Ave*

City & State

23 *Falmouth MA*

City & State

28 *Falmouth, MA*

Zip

24 *02540*

Country

25 *USA*

Zip

29 *02540*

Country

30 *USA*

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	KEATING, ALLISON J	
STREET ADDRESS	25 TAPLEY ST	
CITY-ST-ZIP	LYNN MA 01904	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KEATING, ALLISON J	
STREET ADDRESS	25 TAPLEY ST.	
CITY-ST-ZIP	LYNN MA 01904	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GORDON, WILLIAM K	
STREET ADDRESS	303 STATE RD. 26	
CITY-ST-ZIP	MELROSE FL 32666	
TITLE	VDA	<input type="checkbox"/> DELETE
NAME	KEATING, PAULA J	
STREET ADDRESS	449 SUMMER ST	
CITY-ST-ZIP	LYNN FIELD MA 01940	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Allison J. Keating
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/99
Date

508-548-5007
Daytime Phone #

CR2E034 (11/98)