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

Apr 28 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000068011 (2) J PROS. INC. Principal Place of Business Mailing Address POST OFFICE BOX 720866 ORLANDO FL 32872-0866 7633 GILCHRIST DRIVE ORLANDO FL 32822 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/31/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3337560 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\sigma\) No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KIRKLAND, WILLIAM I 81 7633 GILCHRIST DRIVE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32822 **B**3 84 City Zip Code 85 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 augent and tale if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 11 TITLE REGISTER, JANET M NAME 1.2 NAME 1509 FOX BOWER ROAD STREET ADORESS 1.3 STREET ADORESS ORLANDO FL 32825 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE KIRKLAND, WILLIAM I NAME 22 NAME **7633 GILCHRIST DRIVE** STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32822 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 31 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition 5.1 TITLE NAME 5 2 NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. Thereby 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.

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6 3 STREET ADDRESS

DELETE

SIGNATURE:

TITLE

NAME

STREET ADORESS

duret m Register

FILED

273-7361

Addition