FILED May 23, 2003 8:00 am Secretary of State 05-23-2003 90150 043 ***150.00

DOCUMENT # P95000071210 I from your Post of Business 300 IRL INTERSE JAME PROSACOLA R. 32514 US 2. Principal Phase of Business 528 Eventide Drive Sum, Apt. 4 etc. City A State Gulf Breeze, Florida Gulf Breeze, Florida Gulf Breeze, Florida Gulf Breeze, Florida 2. Some Apt. 4 etc. City A State Gulf Breeze, Florida Gulf Breeze, Florida 2. Some Apt. 4 etc. City A State Gulf Breeze, Florida Gulf Breeze, Florida 2. For County Sum, Apt. 4 etc. City A State Gulf Breeze, Florida Gulf Breeze, Florida 2. For County Sum, Apt. 4 etc. City A State Gulf Breeze, Florida Gulf Breeze, Florida 2. For County Sum, Apt. 4 etc. City A State Gulf Breeze, Florida 2. For County Sum, Apt. 4 etc. City A State Gulf Breeze, Florida 2. For County Sum, Apt. 4 etc. City A State Gulf Breeze, Florida 2. For County Sum, Apt. 4 etc. City A State Gulf Breeze, Florida 2. For County Sum, Apt. 4 etc. Co	Ü	2003 FOR PROFITION	80121136							
JAP CORPORATION AND CORPORATION AND CORPORATION AND CORPORATION PROBLEM AND STATE LIME STATE AND STATE LIME STATE LIME STATE LIME STATE LIME PROBLEM AND STATE LIME STATE STATE LIME STATE										
Principal Pince of Business 3381 BILL NETGER LANE PENSACULA FL 32514 US P. 0. 900, 15577 PENSACULA FL 32514 US 2. Procipial Pince of Business 528 EVentide Drive Sour, Apr. 4. ec. Sour, Apr. 4	1. Entity Nar	TI C		/ [§		·	. :			
330 BILL METZGEL LANE PRISACULA FL 32514 US PREMACULA FL 32514 US A. FED NUMBER OF BUSINESS CITY & State GUIF Breeze, Florida CLIF Breeze, Florida USA 32561 C. USA 32561 D. News and Address of Current Regulatered Agent USA 7. Nation and Address of New Regulation Regulatered Agent USA STEWART Address of Press Regulatered Agent USA CRUF GUIF Breeze FL Ze Code STEWART Address of Press Regulatered Agent USA STEWART Address of Press Regulatered Agent USA STEWART Address of Press Regulatered Agent USA STEWART ADDRESS OF THE STEWART AGENT AGE		t	/				•			
330 BILL METZGEL LANE PRISACULA FL 32514 US PREMACULA FL 32514 US A. FED NUMBER OF BUSINESS CITY & State GUIF Breeze, Florida CLIF Breeze, Florida USA 32561 C. USA 32561 D. News and Address of Current Regulatered Agent USA 7. Nation and Address of New Regulation Regulatered Agent USA STEWART Address of Press Regulatered Agent USA CRUF GUIF Breeze FL Ze Code STEWART Address of Press Regulatered Agent USA STEWART Address of Press Regulatered Agent USA STEWART Address of Press Regulatered Agent USA STEWART ADDRESS OF THE STEWART AGENT AGE	Dula al 200		Mallon Asimon		- THE STATE OF THE			-		
PENSACULA FL 32514 US PENSACULA FL 32514 US PENSACULA FL 32514 US 2. Principal Proof of Business 528 Eventide Drive 500. Apr. 4.0. Sub. 4.0. Sub. Apr. 4.0. Sub.										
SUM, Apt # etc. SUM, A	PENSACOLA,	FL 32514 US	PENSACOLA, FL 32514	US						
SUM, Apt. 4, etc. SUM, Apt. 4,						 	(ili Ra ki ikudi i	 	HER OUR FOOR	
Suite, Api e, etc. Cay A State Country Cay	1				••					
City & State CITY & State CITY & State COURTY 32561 COURTY ASTOR COSTINGATION THE PROGRAM AND CONTROLLING COPE LARRY SIGNATURE SIGNAT				E	KI CHECK HERE IE	MAKING CH	ANGES			
Superance Florida County 32561 USA 5. Cartificate of State Degree 5. State D	City & Charles								lied For	
Schell USA 32561 USA 6. Carrierts Registered Agent 7. Nume and Address of Current Registered Agent 7. Nume and Address of Numer Registered Agent 7. Numer Address 7. Numer Registered Agent 7.		400	Gulf Breeze, F							
So Name and Address of Current Registered Agent Name COFF, LARRY Street Address of Rook Registered Agent Street Address of Rook Rights in Not Acceptable) Street Address of Rook Rights in Not Acceptable) Street Address of Rook Rights in Not Acceptable) City Culf Breeze FL 20 Code 32561 a. The above named ently submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forcia. I am familiar with, and acceptate the obligations of agginered agent. PCS: Centre Street Address of Rook Rights in Not Acceptable Portions. I am familiar with, and acceptate the obligations of agginered agent. SIGNATURE SIGNATURE SIGNATURE FILE NOTE: Registered digent. PCS: Centre Street Address of Rook Rights and Agent Agent Agent of Code (in the State of Code) ACRES Agent To Street Address of Rook Rights and Agent Agent Agent Agent Agent Rights and Agent Rights a	32561	Country	^{Zip} 32561							
SOTH LARRY Street Address of Re. Doc Number is not Acceptable.) Street Address of Re. Doc Number is not Acceptable.) City Gulf Breeze FL Zp Code. 3.2561 8. The shows named entry submits this statement for the purpose of changing its registered speet, or both, in the State of Fordis. I am familiar with, and accept the deligators of anything degree. SIGNATURE SIGNATURE FLEXIVITY FEB IS \$150 CD. OFFICER AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE OCHEP THE ACCOUNT OF THE	32301	6. Name and Address of Current I		USA		7. Name and Address of New Re-		_ '	<u>'</u>	
Street Address (R. Dex Nimber) in Not Acceptable) Street Address (R. Dex Nimber) in Not Acceptable) City Culf Breeze FL 26 Code A. The above named entry, submits this statement for the purpose of changing its registered agent, or born, in the State of Fords. It am familiar with, and accept the colligations of ingotines agent. SIGNATURE Signature transport in purpose of changing its registered agent, or born, in the State of Fords. It am familiar with, and accept the colligations of ingotines agent. SIGNATURE Signature transport in purpose of changing its registered agent, or born, in the State of Fords. It am familiar with, and accept the colligations of ingotines agent, or born, in the State of Fords. It am familiar with, and accept the colligations of ingotines agent, or born, in the State of Fords. It am familiar with, and accept the colligations of ingotines agent, or born, in the State of Fords. SIGNATURE SI	GOFF, LARRY Coff. Larry									
The above named entry submits this statement for the purpose of changing its registered upont, or both, in the State of Florida. It am familiar with, and accept the obligations of ingrithment agreement agreement of the purpose of changing its registered upont, or both, in the State of Florida. It am familiar with, and accept the obligations of ingrithment agreement agreement of the purpose of changing its registered upont, or both, in the State of Florida. It am familiar with, and accept the obligations of ingrithment agreement agreement of the second of t				L						
B. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Fiorida. It an immitter with, and accept the collipations of registered agent, or both, in the State of Fiorida. It is minister with, and accept the collipations of registered agent, or both, in the State of Fiorida. It is minister with, and accept the collipations of registered agent, or both, in the State of Fiorida. It is minister with, and accept the collipations of registered agent, or both, in the State of Fiorida. It is minister with, and accept the collipations of registered agent, or both, in the State of Fiorida. It is minister with, and accept the collipations of registered agent, or both, in the State of Fiorida. It is minister with, and accept the collipations of registered agent, or both, in the State of Fiorida. It is ministered with the Addition of the Composition of the C		4			· · · · · · · · · · · · · · · · · · ·			\top		
B. The above named entry submits his statement for the purpose of changing its registered open, or both, in the State of Florica. I an familiar with, and accept the collipation of myothered spent. Continue	ı			t	City City	f Decome	FI	Zip Code	-/1	
SIGNATURE Equation from primary primary primary primary and the advance of the primary primary primary and the primary prim	8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept									
Segment instruction of the composition of the superior of the composition of the superior Again Equation applied which as instruction. Charge	the obligations of registered agent.									
### PILE NCWIT FEB IS \$760.00 #### And y 2003 Fee will in \$155.00 ### And y 2003 F										
MARIA () Face P ayable to Fforfide Department of State	FUIL NOW!! THE IS 150 OC									
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PD GOFF, LARRY Delete NAME STREET ADDRESS STREET	Afte	r May 1, 2003 Fee will be \$550 00	i State							
TITLE MAME GOFF, LARRY STRETADORSS CITY-ST-2P PENSACOLA, FL 32514 Delete ITILE MAME CITY-ST-2P S201 BILL METZGER LANE PENSACOLA, FL 32514 Delete ITILE MAME STRETADORSS CITY-ST-2P ITILE MAME STRETADORSS CITY-S				11.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	FCTORS	IN 11	
NAME SIRET ADDRESS CRY-S1-2P TITLE NAME Obelee TITLE NAME SIRET ADDRESS CRY-S1-2P TITLE Obelee TITLE NAME SIRET ADDRESS CRY-S1-2P TITLE Obelee TITLE SIRET ADDRESS CRY-S1-2P TITLE NAME SIRET ADDRESS CRY-S1	TITLE	PD		TITLE						
NAME SIRET ADDRESS CRY-S1-2P TITLE NAME Obelee TITLE NAME SIRET ADDRESS CRY-S1-2P TITLE Obelee TITLE NAME SIRET ADDRESS CRY-S1-2P TITLE Obelee TITLE SIRET ADDRESS CRY-S1-2P TITLE NAME SIRET ADDRESS CRY-S1					DORESS 528	f, Larry	. !		اۋ	
NAME SIRET ADDRESS CRY-S1-2P TITLE NAME Obelee TITLE NAME SIRET ADDRESS CRY-S1-2P TITLE Obelee TITLE NAME SIRET ADDRESS CRY-S1-2P TITLE Obelee TITLE SIRET ADDRESS CRY-S1-2P TITLE NAME SIRET ADDRESS CRY-S1					^{2#} Gu1	f Breeze, FL 32561			<u></u>	
STREET ADDRESS CITY-ST-2P CITY-ST			□ Delete		1		, 🗆	Change	☐ Addition B	
TITLE NAME STRET ADDRESS CITY-S1-ZP Delete TITLE NAME STRET ADDRESS CITY-S1-ZP Delete TITLE NAME STRET ADDRESS CITY-S1-ZP TITLE NAME STRET ADDRESS CITY-S1-Z	STREET ADDRESS	1		STREET A			.1		ľ	
NAME STREET ADDRESS CITY-S1-ZP TITLE NAME STREET ADDRESS CITY-S1-ZP	CITY-ST-ZP				-21P	<u> </u>				
CITY-ST-ZP CITY-ST-ZP ITILE ITILE MAME STREET ADDRESS CITY-ST-ZP TITLE MAME MAME STREET ADDRESS CITY-ST-ZP TITLE TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE TITLE MAME STREET ADDRESS			L.J. Dejete				Ш	Change	Addition	
TITLE NAME STREET ADDRESS CRY-ST-ZP CRYST-ZP TITLE NAME STREET ADDRESS CRY-ST-ZP CRY-ST-ZP TITLE NAME STREET ADDRESS CRY-ST-ZP TITLE CRY-ST-ZP TITLE CRY-ST-ZP Add bon NAME STREET ADDRESS CRY-ST-ZP TITLE CRY-ST-ZP TITLE CRY-ST-ZP TITLE CRY-ST-ZP Add bon NAME STREET ADDRESS CRY-ST-ZP TITLE CRY-ST-ZP TITLE CRY-ST-ZP TITLE CRY-ST-ZP Add bon Charge Add bon Add bon Add bon NAME STREET ADDRESS CRY-ST-ZP TITLE CRY-ST-ZP TITLE CRY-ST-ZP Add bon TITLE CRY-ST-ZP Add bon Charge Add bon Add b	STREET ADDRESS						,			
NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-ZIP	TITLE		- Chipto		-211			Change	Addition	
CffY-S1-ZIP TITLE TIT	-		2				_			
NAME STRET ADDRESS CITY-ST-ZP TITLE OLIVE STRET ADDRESS CITY-ST-ZIP TITLE MAME STRET ADDRESS CITY-ST-ZIP TITLE MAME STRET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, 1 further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; thut I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my hame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	STREET ADDRESS CITY-ST-ZP				1					
STREET ADDRESS COTY-S1-ZP COTY-S1	TITLE		☐ Oelete		7			Change	Addition	
CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP IffILE NAME STREET ADDRESS CITY-ST-ZP STREET ADDRESS CITY-ST-ZP STREET ADDRESS CITY-ST-ZP CITY	NAME CTREET ANDRECC				NAMESCO					
NAME Sheet abovess City-st-ze 12. I hereby certify that the information supplied with this filling does not qualify for the exemption staked in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my hame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	CITY-ST-ZP	<u> </u>					•		}	
STREET ADDRESS CITY-S1-2P 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under out; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my hame appears in Block 10 or Block 11 if changed, or on an attachment with an eddress, with all other like empowered.	TITLE	·	☐ Defente					Change	Addition	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental 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 807, Florida Statutes, and that my hame appears in Block 10 or Block 11 if changed, or on an attachment with as address, with all other like empowered.	STREET ADDRESS			STREET AC					.	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 hame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. Latty OIT Section 1	CITY-SI-ZP	and the state of t	this files does not seem to be			No. and Delevis Process	4			
changed, or on an attachment with an address, with all other like empowered. Larry Corr. President.	indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director									
	changed, or on an attachment with an address, with all other like empowered. ALTYA-OLI . TESI dent									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		URE:				5/22/03	850-	934-	0298	

Attachment # 80121156

SAUER

بمكلم يشر

Via Federal Express

May 22, 2003

ATTORNEYS AT LAW

G. Thomas Smith **Board Certified** Real Estate Attorney

Secretary of State Corporate Records Division Department of State 409 East Gaines Street Tallahassee, FL 32399

RE:

JJAP Corporation

Document Number P95000071210

Dear Sir or Madam:

Enclosed please find the original executed and a copy of the 2003 For Profit Corporation Uniform Business Report, together with a check in the amount of \$150.00 to cover the cost of the annual report fee.

Our client, JJAP Corporation, has informed us that it did not receive the UBR that was mailed to the company. At the end of last year, the company sold its assets and renamed its company, which may have resulted in the corporation's non-receipt of the UBR. We would appreciate your reviewing our request to waive any late filing fees associated with the UBR report for JJAP Corporation.

Please date-stamp the copy and return it to us as evidence of filing to my attention at P.O. Box 12446, Pensacola, Florida 32591-2446. We have enclosed a self-addressed envelope for your convenience.

Allachment#

9500007121C

Your time and attention to this matter are greatly appreciated. If you have any questions or need additional information, please do not hesitate call.

Sincerely

egal Assistant

JSA:

Enclosures

c: JJAP Corporation

Allachment #

2003 FOR PROELT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT #(P95000071210 1. Entity Name
JUAP CORPORATION 80121156 Principal Place of Business Mailing Address 3301 BILL METZGER LANE P.O. BOX 15577 PENSACOLA, FL 32514 PENSACOLA, FL 32514 US 2. Principal Place of Business 3. Mating Address 528 Eventide Drive Suite, Apl. 4, etc. 528 Eventide Drive Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State
Gulf Breeze, City & State 59-2677080 Florida Gulf Breeze, Not Applicable Florida Country 32561 \$8.75 Additional Fee Required 32561 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Goff, Larry GOFF, LARRY 3301 BILL METZGER LANE PENSACOLA, FL 32514 Street Address (P.O. Box Number is Not Acceptable)
528 Eventide Drive FL Zip Code 32561 Gulf Breeze 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familia President 5/22/03 BIOTE Parameter August benefing required when photograph DATE 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 XXChange TITLE Coler TITLE PD Addition Coff, Larry 528 Eventide Drive GOFF, LARRY MALE 3301 BILL METZGER LANE STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32514 CITY-ST-ZIP CITY-S1-ZP Gulf Breeze, FL 32561 TITLE ☐ Delete Iffle Change Addition NAME NUME STREET ADDRESS STREET ADDRESSS CITY-St-ZP CAY-SI-ZIP INLE Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-51-2P CNY-51-21P Delete 10LE Change Addition KAME NAME OF STREET ANDRESS STREET ADDRESS CITY-ST-ZP CAY-51-29 Delete TOLE ☐ Cleange ☐ Addition TITLE NAME MALME STREET ADDRESS STREET ADDRESS C#Y-51-21P CITY-ST-ZP TITLE Delete TOLE ☐ Change ☐ Addition NAME STREET ADDRESS SZEROCIA TERFÜZ COY-ST-2P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling close not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signiture shall have the same legal effect as if made under out; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an actions, with all other like empowered.

SIGNATURE:

5/22/03

850-934-0298 SIGNATURE: TYPED OR PRINTED NAME OF BIOMING OFFICER OR DIRECTOR