	DI FAOT DEAD		TOLIOTIONO	DEFORE O	OMBLET	NO TUO FORM		
	PLEASE READ PLICATION FOR STATEMENT	FLORID	A DEPARTMEN Sandra B. Mort Secretary of S	IT OF STATE tham tate		FILED		
DIVISION OF CORPORATIONS					j	99 MAR - 1 PM 3: 44		
DOCUMENT # P95000074658 1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
JARRET	IT DEVELOPMENT CO	MPANY			}			
Principal Pl	ace of Business	eşs						
1639 BEACH BLVD." 1639 BEACH JACKSONVILLE BEACH FL 32250 JACKSONVILLE			BLVD— E BEACH FL 82250—					
15.1					REINS	CATEMEN	T 98-99	
If above addresses are incorrect in any way, line through morrect information and enter correction before 2. New Principal Office Address, if Applicable 3. New Mailing Office Address, if Applicable					4. Date Incorporated or Qualified To Do Rusiness in Florida			
Sulte, Apt. #, etc. Suite, Apt. #, 806-A Third Street 80			etc. Ob-A Third	Street	9/27/1995 5 FEI Number Applied For			
City & State		City & State	Nontine Bea	do Fl	 <u></u>	59-3342561	Not Applicable	
2ip 322	Country	Zip 322 1	Country	,	6. CERTIFICATE	F OF STATUS DESIRED 🔲	\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each								
Title(s) 1	and/or Directors Street			icer and/or Director Post Office Box No	nubers)	City /	/ State / Zip	
D	JARRETT, STEPHEN G 1630 BEACH B			th Street	Street JACKSONVILLE BEACH FL 32250			
					90	#3002743: -03/03/39- ****900.00	93 1-9 6 -01056020	
JARRETT, STEPHEN G 1630 BEACH BLVD. JACKSONVILLE BEACH FL 32250				Name Street Address (F Suite, Apt #, Etc	Stephen 6. VAIRETT			
10. I. beind	appointed the registered agent of the abo	ve named corn	oration, am familiar wi	ries	YUNE (seach F	L 32266	
Signature of Registered	1 100	GISTERED AG	2 DOLL JENT WOST SIGN		g 5.15 &1 0001	Date _2/24/	, ,	
	is corporation owes or he angible Personal Proper			ar Yes 🔯	No 🗆		r side for information ntangible tax.)	
this rein owed by	that I am an officer or director or the recei statement application, the reason for disso y the corporation have been paid and the application is true and accurate, and my si	olution has been names of indivi	n eliminated, the corpo duats listed on this for	rate name satisfies m do not qualify for	the requirements an exemption un	of section 607.0401 or 61	7.0401, F.S., that all fees	

SIGNATURE: SIGNATURE AND TYPED ORPRINTED NAME OF SCHING OFFICER OR DIRECTOR PRINTED TO JOHN PROPERTY OF THE PR