SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1999 99 DEC -3 PH 12: 59 DOCUMENT # P96 000000368 SECRETARY OF STATE TALLAHASSEE, FLORIDA The Jitters, Inc. Principal Place of Business 3975 Scenic Hwy Cir Pensacola, Fl 32504 Mailing Address DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 12-26-95 2. Principal Place of Business 28. Mailing Address 26. 3975 Seenic Huy Civ 4. FEI Number Applied For Not Applicable 21 Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be rnsacola Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes the current year Zip Country Yes Escambia Intangible Personal Property. 25 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Sandra F. Duvermet-Faubert 445 E. Government Name Street Address (P.O. Box Number is Not Acceptable) Pensacola, Fl 30501 83 84 85 Zip Code City 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 (2/36)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition Kresident KAthryn A. White 3975 Scenic Huy Civ NAME 1.2 NAME 1.3 STREET ADDRESS 900003070609--8 -12/15/99--01024--001 STREET ADDRESS 3975 Sceni Pensacola, 1.4 CITY-ST-ZIP CITY-ST-2IP DELETE TITLE 2.1 TITLE claney, Rebecca J 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP 3.1 TITLE TIT: F Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 TITLE TITLE DELETE Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF TITLE DELETE 5.1 TITLE Change Addition NAME 5 2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TATLE DELETE 6.1 TITLE Change Addition 6 2 NAME NAME STREET ADDRESS. 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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. SIGNATURE: Kalksum (1.

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fre de ser Tyrone. Mener received formo. Kathrys Oleh