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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P96000003660 (3)

J. A. JAMES, INC.

FILED Apr 08 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							
19112 TRACY		19112 TRACY COURT					
LUTZ FL 33549		LUTZ FL 33549			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	
						01/08/1996	
	lace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				59-3353289	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5 Cortificate of Status Desired 38.75 Additional	
22		27				Fee Required	
City & State	0	City & State			6. Election Campaign Financing \$5.00 May Be		
23		Zip Country			Trust Fund Contribution Added to Fees		
Zip Country 25		29 30			8. This corporation owes or has paid the current year Intangible Personal Properly Tax due June 30.		
29[9. Name and Address of Curren		130	Г		10. Name and Address of New Registered Agent	
.161.	MES, JANIE A			81	Name		
	112 TRACY COURT		BO Street As		Stroot Ac	Address (P.O. Box Number is Not Acceptable)	
•	TZ FL 33549		82 Street Ad		SHEELAC	Addiess (F.O. Box Number is Not Acceptable)	
	.2 1 2 3 3 3 3			83			
				84	City	85 Zip Code	
				Ш		FL 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
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				13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 T	ITLE		Change Addition	
NAME	JAMES, JANIE A		1.2 N	AME			
STREET ADDRESS	19112 TRACY COURT		1.3 \$	TREET	ADDRESS		
CITY-ST-ZIP	LUTZ FL			1.4 CITY-ST-ZIP			
TITLE	DELETE			2.1 TITLE		Change Addition	
NAME	7500		1	2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS		- 1	•v*	
CITY-ST-ZIP	DELETE		_	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition	
TITLE		☐ DECEIE	3.1 II			C cusings C vonition	
NAME Street address			4		Annarce		
CITY-ST-ZIP				3.3 STREET ADDRESS 3.4. CITY-ST-ZIP			
TITLE	DELETE			4.1 TITLE		☐ Change ☐ Addition	
'	NAME			4. 2 NAME		_ · · ·	
STREET ADDRESS					ADDRESS		
. CITY-ST-ZIP			4.4 C	4.4 CiTY-ST-ZIP			
TITLE				51 TITLE		Change Addition	
NAME			52 N	IAME			
STREET ADDRESS			535	TREET	ADDRESS		
CITY - ST - ZIP			5.4 C	HTY-S	T-21P		
TITLE		☐ DELETE	611	ITLE		Change Addition	
NAME			6.2 N	IAME	1		
STREET ADDRESS			6.3 S	TREET	ADDRESS		
CITY-ST-ZIP			6.4 C	ITY - S	T-ZIP		

fy for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic accurate and that my signature shall have the same legal effect as if made under oath; that I am an to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: