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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Mar 25, 1999 8:00 am Secretary of State 03-25-1999 90013 026 \*\*\*150.00

1999

DOCL	JMENT # P96000	028539				
T, Corporal	non Marine	02000				
JIMM N	MARKETING CO.					10018 3511 1531
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Principal Pla	ace of Business	Mailing Address			811) 88119 (1881 1818) 8118	
CROSS R S		SETT-SW 35 LANE				
108 N DAGE	IOLIA AVE. SUITE 101	OCALA PE 94474		<u>'</u>		
OCALA FL 3	4479	-48		DO NOT WRITE	IN THIS SPACE	
<b>1</b> 08				3. Date Incorporated or Qualifed		
a Deininal	Place of Business	2a. Mailing Address	·	03/28/1996 4 FEI Number		nlied For
		<u> </u>	- 441	59-3379300	j	plied For t Applicable
21 920 Suite, Ap	OO S US Hwy 441	26 9200 S US Hwy Suite, Apt. #, etc.	λ <del>44</del> 1		\$8.75	
22	, 2.22	27		5. Certifcate of Status Desired	Fee Re	
City & S	tate	, City & State	-	6: Election Campaign Financing	\$5.00	May Be
23 OC	ala FL	28 Ocala FL		Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country	8. This corporation owes the current		<b>-</b>
24 344			USA USA	Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Reg	Istered Agent	
St	STI ARNOLDH			R. Scott Cross		
	4 EAST DOWAL STREET		82 Street Add	dress (P.O. Box Number is Not Acceptable 108 N Magnolia Avenue		
JĄ	CKSONVILLE FL 32292		83	100 N Hagilotta Avenue		
0.000	20.		-	Suite 101		
į			84 City	Ocala	FL  85   Zip 0	Code 475
11. Pursua	nt to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named cor	moration submits this statement for the our	nose of changing its	registered :
office o	r registered agent, or both in the State of	r Fjorida. Such chang∉ was autl	horized by the corpora	tion's board of directors. I hereby accept th	ie appointment as reg	gistered
agent. i	l am familiar with, and accept the obligation	ons of Section 607.#605. Florid	la Statutes.			
		ons of, Section 607,0605, Florid	la Statutes.	tion's board of directors. I hereby accept the	6/99	
agent, I	E Signature, typed printed name registered agent to	and title if applicable. (NOTE: R	la Statutes.  egistered Agent signature requi	3//	6/99 DATE	
SIGNATUR	E Signature, typed printed name of registered agent a OFFICERS AND	att Vion and title if applicable. (NOTE: R  D DIRECTORS	egistered Agent signature requi	3//	6/99 DATE ERS AND DIRECTO	RS IN 12
SIGNATUR 12.	Signature, typed a printed name of registered agent of OFFICERS AND	and title if applicable. (NOTE: R	egistered Ägent signature requi	ired when reinstating)	6/99 DATE	
SIGNATUR  12.  TITLE  NAME	Signature, typed or printed name of registered agent of OFFICERS AND DP RAMBO, MAUREEN	att Vion and title if applicable. (NOTE: R  D DIRECTORS	13. 1.1 TITLE 1.2 NAME	ired when reinstating)	6/99 DATE ERS AND DIRECTO	RS IN 12
SIGNATUR  12. TITLE NAME STREET ADDRES	Signature, typed & printed name of registered agent of OFFICERS AND DP RAMBO, MAUREEN 5671 SW 35 LN	att Vion and title if applicable. (NOTE: R  D DIRECTORS	egistered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ired when reinstating)	6/99 DATE ERS AND DIRECTO	RS IN 12
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SIGNATUR  12.  TITLE  NAME  STREET ADDRES  CITY-ST-ZIP  TITLE  NAME	Signature, typed printed name registered agent of FICERS AND DP RAMBO, MAUREEN 5671 SW 35 LN OCALA FL DVP RAMBO, JASON	Att Cront (NOTE: R) DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ired when reinstating)	A 7 9  DATE  ERS AND DIRECTO  ☐ Change	RS IN 12
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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, with all other like empowered.

SIGNATURE:

3-12-99 352-237-2823