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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600030264

1. Corporation Name

THE JAGER GROUP, INC.

Principal Place	of Business	Mailing Address				(100100) ((2 10110 0))) 24(2 1111 0)
	1812 S HWY 77 1812 S HWY 77					
SUITE 115						DO NOT WRITE IN THIS SPACE
LYNN HAVEN FL 32444 US US LYNN HAVEN FL 32444 US						3. Date Incorporated or Qualifed
		,				04/08/1996
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21	26				59-3375879 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	¬ ' ' ' '			5. Certificate of Status Desired See Required
City & State	City & State	City & State			6. Election Campaign Financing \$5.00 May Be	
23 28						Trust Fund Contribution Added to Fees
Zip	Country	Zip Cour		ıntry		8. This corporation owes the current year Intangible
24	25	29 30				Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent		T		10. Name and Address of New Registered Agent
HUGHSON, WES				82	Street Addres	ss (P.O. Box Number is Not Acceptable)
4626 DELWOOD PK BLVD					<u> </u>	
PANAMA CITY BEACH FL 32408				83		
	•			84	City	FL 85 Zip Code
44 D and the state of Continue COZ OCCO and COZ 4509 Florida State on the other					named corne	
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.						
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, F	lorida Stai	tutes.	•	
SIGNATURE	Signature, typed or printed name of registered agent	and title if annicable (NO	TE: Registerer	Agent	at signature required v	when reinstating) DATE
12. OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 T	MLE		☐ Change ☐ Addition
NAME	HUGHSON, WES W		1.2 N	AME		
STREET ADDRESS		1,3 \$	TREET	T ADDRESS		
CITY-ST-ZIP PANAMA CITY BEACH FL 32408			1.4 0	, 1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETÉ	2.1 T	TLE		☐ Change ☐ Addition
NAME	HUGHSON, JESSICA B		2.2 N	AME	-	
STREET ADDRESS	4626 DELWOOD PARK BLVD.	•	2.3 S	TREET	T ADDRESS	•
CITY-ST-ZIP				CITY-S	T-ZIP	
TITLE	•	☐ DELETE	3.1 T	ME		Change Addition
NAME	· ·		3.2 N	AME	}	
STREET ADDRESS			3.3 S	TREET	ADDRESS	
CITY-ST-ZIP				TY-S	T-ZIP	
TITLE	•	☐ DELETE	4.1 T			☐ Change ☐ Addition
NAME				AAME		
STREET ADDRESS	4 • •				ADDRESS	
CITY-ST-ZIP	<u> </u>			ITY-S1	r-zip	☐ Change ☐ Addition
TITLE	•	☐ DELETE	5.1 T			☐ Change ☐ Addition
NAME			5.2 N			
STREET ADDRESS		,			T ADDRESS	
CITY-ST-ZIP	•		5.4 C	ITY-ST	1-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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

Change

☐ Addition

FILED

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90278 042 ***150.00

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