

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

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Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90072 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000032401

1. Corporation Name
J-BIRD ENTERPRISES, INC.



Principal Place of Business: HC 62 BOX 37, CARRABELLE FL 32322
 Mailing Address: HC 62 BOX 37, CARRABELLE FL 32322

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2524 Hwy 98 E.		26 P.O. Box 339		04/09/1996	
22 CARRABELLE FL.		27 LANARK VILLAGE FL.		4. FEI Number	
23 32322		28 32323		59-3396901	
24		25		Applied For	
29		30		Not Applicable	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		5. Certificate of Status Desired	
MANNING, JESSE H		81 Name		87.5 Additional Fee Required	
HC 62 BOX 37		82 Street Address (P.O. Box Number is Not Acceptable)		6. Election Campaign Financing	
CARRABELLE FL 32322		2524 Hwy 98 E.		Trust Fund Contribution	
		83 CARRABELLE FL 32322		8. This corporation owes the current year Intangible Personal Property Tax.	
		84 City		85 Zip Code	
		FL		86 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

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 MANNING JESSE H. DATE 4-5-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, JESSE H	1.2 NAME	MANNING JESSE H.
STREET ADDRESS	HC 62 BOX 37	1.3 STREET ADDRESS	2524 Hwy 98 E.
CITY-ST-ZIP	CARRABELLE FL 32322	1.4 CITY-ST-ZIP	CARRABELLE FL 32322
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: Jesse H. Manning SIGNATURE REQUIRED: JESSE H. MANNING DATE: 4-5-99 DAYTIME PHONE #: 850-697-4661

CR2E034 (11/98)