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

PROFIT CORPORATION **ANNUAL REPORT** 1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000038636 (2)

CRAIG JENKINS ENTERPRISES, INC.

Principal Place of Business Mailing Address 5024 #4 ROSSELLE ST JACKSONMILLE FL 32205

5024 #4 ROSSELLE ST JACKSONVILLE FL 32205

FILED May 11 1998 8:00am Secretary of State

4/29/98 (904)262-2552

05/01/1996

2. Principal Pl	lace of Business 24	. Mailing Address		4. FEI Number	T A	pplied For	
21 36	28 W. Baver St 26	127645	hapell Ct.	59-3378523		lot Applicable	
Suite, Apt.		Suite, Apt. #, etc.	, , , , , , , , , , , , , , , , , , , ,	5. Certificate of Status Desired	7 - /	Additional Required	
City & State		City & State		8. Election Campaign Financing		May Be	
23 A	ckeanville, FL 28	JACKSONVILL	(P.F)	Trust Fund Contribution		to Fees	
Zip	Country		Country	8. This corporation owes or has pa	aid the current year in	tangible	
24 3/35 4 25 DVRL 1 29 3/3/3 30 DVA / DA Personal Property Tax due June 30. Tyes No							
	9. Name and Address of Current Regi-	stered Agent		10. Name and Address of New Registered Agent			
	IKINS, CRAIG		BI Name FUKIUS, CRAIG				
5024 #4 ROSSELLE ST			82 Street Address (P.O. Box Number is Not Acceptable)				
JACKSONMILE FL 32205			3528 W. Beare 5+				
İ			83			1	
1		/x /	84 City 4	\	65 Zip	Code	
44 5			<u> </u>	-CKSON VILLE		1256	
11. Pursuant to the provisions of Sections 607 0502 and 607.1508. Florid/Stitutes, 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 pbos. Florida Statutes.							
agent. I am (amiliar with, and accept the obligations of, Section 607 0504, Florida Statutes.							
SIGNATURE (VAIG) BUKINS DP HUNG 4/09/48							
Storedure, typed or protest ran end registered agent und falle if applicable (NOTE distored Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS IN 12							
TITLE	DP OF THE PARTY BATT		TITLE	ADDITIONS OF TAXABLE TO STITE	Change		
NAME	JENKINS, CRAIG		1.2 NAME				
STREET ADDRESS	2150 SPENCER RD APT 16A		1.3 STREET ADDRESS			[
CITY-ST-ZIP	ORANGE PARK FL 32073		1.4 CITY-ST-ZIP				
TITLE		·	2.1 TITLE		Change	Addition	
NAME			22 NAME				
STREET ADDRESS			2 3 STREET ADDRESS		1		
CITY-ST-ZIP			2.4 CITY+ST-ZIP			. [
TITLE			3 1 TITLE		. Change	Addition	
NAME			3.2 NAME			İ	
STREET ADDRESS		i :	3.3 STREET ADDRESS			Ì	
CITY-ST-ZIP			3.4. CITY - ST - ZIP				
TITLE		☐ DELETE	4.1 TITLE		Change	Addition	
NAME			4. 2 NAME			1	
STREET ADDRESS		1	4.3 STREET ADDRESS			j	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	<u></u>			
TITLE			5.1 TITLE		Change	☐ Addition	
NAME		_	5.2 NAME				
STREET ADDRESS	^ /	7	5.3 STREET ADDRESS			Į	
CITY-ST-ZIP			5 4 CITY-ST-ZIP				
TITLE	/		6 1 TITLE		☐ Change	Addition	
NAME	///		6 2 NAME			ŀ	
STREET ADDRESS	///		6.3 STREET ADDRESS				
CITY-ST-ZIP	partitu that the information of diseducing this		6.4 CITY-ST-ZIP	Section 110 07/3Vil Elevida Statutes	further cortifu the: 4h	e information	
14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corprolation of the receiver or fursion and that my name appears in							

Craig Jenkins