

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

**FILED**

**Apr 21 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000076622 (5)**

1. Corporation Name  
**JEMHAT PROPERTIES, INC.**



Principal Place of Business <b>6000 NORTH PENSACOLA BLVD. PENSACOLA FL 32505</b>	Mailing Address <b>6000 NORTH PENSACOLA BLVD. PENSACOLA FL 32505</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6000 NORTH PENSACOLA BLVD</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>6000 NORTH PENSACOLA BLVD</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>09/13/1996</b>	
22		27		4. FEI Number <b>APPLIED FOR 262578414</b>	
23 City & State <b>PENSACOLA, FL</b>		28 City & State <b>PENSACOLA, FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip <b>32505</b>		29 Country <b>ESCAMBIA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 Country <b>ESCAMBIA</b>		30 Country <b>ESCAMBIA</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MERCER, JOSEPH E 6000 NORTH PENSACOLA BLVD. PENSACOLA FL 32505</b>				10. Name and Address of New Registered Agent			
81 Name <b>MERCER, JOSEPH E</b>				82 Street Address (P.O. Box Number is Not Acceptable) <b>6000 NORTH PENSACOLA BLVD</b>			
83				84 City <b>PENSACOLA</b>			
85 State <b>FL</b>				86 Zip Code <b>32505</b>			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MERCER, JOSEPH E</b>	1.2 NAME	<b>MERCER, JOSEPH E</b>
STREET ADDRESS	<b>8525 JADE ACRES</b>	1.3 STREET ADDRESS	<b>7410 CAMALE DRIVE</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32526</b>	1.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32503</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TURNER, HAROLD A</b>	2.2 NAME	<b>TURNER, HAROLD A</b>
STREET ADDRESS	<b>6541 COSTA MESA</b>	2.3 STREET ADDRESS	<b>3156 MARCUS POINT DRIVE</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32504</b>	2.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32505</b>
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	<b>JC 4/21</b>
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	<b>800002495916</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-04/22/98-01011-004</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>***158.75</b>

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.

SIGNATURE \_\_\_\_\_ **4-15-98 850-479-9667**

CR2E034 (10/97)