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PROFIT CORPORATION ANNUAL REPORT 1999

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



DOCUMENT # P96000081016

1. Corporation Name
JASPER INVESTMENTS, INC.

Principal Place of Business
1806 ISLEWORTH COURT
OLDSMAR FL 34677

Mailing Address
1806 ISLEWORTH COURT
OLDSMAR FL 34677



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 214 N. Buena Vista Dr
Suite, Apt. #, etc.
22 DUNEDIN, FL
City & State
23 DUNEDIN, FL
Zip Country
24 34698 25 USA
2a. Mailing Address
26 214 N. Buena Vista Dr
Suite, Apt. #, etc.
27
City & State
28 DUNEDIN, FL
Zip Country
29 34698 30 USA

3. Date incorporated or Qualified
10/01/1996
4. FEI Number
59-3402509
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SOMMERS, HEATHER E
1806 ISLEWORTH COURT
OLDSMAR FL 34677

10. Name and Address of New Registered Agent
81 Name SOMMERS, Heather E
82 Street Address (P.O. Box Number is Not Acceptable)
214 N. Buena Vista Dr
83
84 City DUNEDIN FL 85 Zip Code 34698

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 Heather E. Sommers 3-14-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PDS ☒ DELETE
NAME SOMMERS, HEATHER E
STREET ADDRESS 1806 ISLEWORTH COURT
CITY-ST-ZIP OLDSMAR FL 34677
TITLE ☒ DELETE
NAME PERRY JOHN E
STREET ADDRESS 1806 ISLEWORTH CT
CITY-ST-ZIP OLDSMAR FL 34677
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PDS ☒ Change ☐ Addition
1.2 NAME SOMMERS, Heather E
1.3 STREET ADDRESS 214 N. Buena Vista Dr
1.4 CITY-ST-ZIP DUNEDIN, FL 34698
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME PERRY, John E
2.3 STREET ADDRESS 214 N. Buena Vista Dr
2.4 CITY-ST-ZIP DUNEDIN, FL 34698
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: Heather E. Sommers 3-14-99/727-734-7552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)