

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

FILED

Apr 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000083592 (1)

1. Corporation Name

J S T E M, CORPORATION



Principal Place of Business

1542 CENTRAL PARKWAY  
GULF BREEZE FL 32561  
US

Mailing Address

639 BONILACE CIRCLE  
GULF BREEZE FL 32561

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified

10/07/1996

4. FEI Number

59-3405320

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

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2a. Mailing Address

26 3720 Dominic Drive

27 Suite, Apt. #, etc.

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5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAGGARD, NANCY  
639 BONILACE CIRCLE  
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name Nancy Maggard  
82 Street Address (P.O. Box Number Not Applicable)  
7542 Central Parkway  
83  
84 City Gulf Breeze FL 85 Zip Code 32561

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 *Nancy Maggard* President *Nancy Maggard*

4/14/98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	MAGGARD, NANCY	639 BONILACE CIRCLE	GULF BREEZE FL	<input type="checkbox"/>
VD	MAGGARD, TERRY	639 BONILACE CIRCLE	GULF BREEZE FL	<input type="checkbox"/>
T	MAGGARD, NANCY	639 BONILACE CIRCLE	GULF BREEZE FL	<input type="checkbox"/>
S	MAGGARD, TERRY	639 BONILACE CIRCLE	GULF BREEZE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.1 TITLE	P/T
1.2 NAME	Nancy Maggard
1.3 STREET ADDRESS	3720 Dominic Dr.
1.4 CITY - ST - ZIP	Erie, PA 16506
2.1 TITLE	V/S
2.2 NAME	Terry Maggard
2.3 STREET ADDRESS	3720 Dominic Dr.
2.4 CITY - ST - ZIP	Erie, PA 16506
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
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.

SIGNATURE: *Nancy Maggard* *Nancy Maggard* 4/14/98 959-837 9898

CR2E034 (10/97)