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 # **P96000091989 (9)**

1. Corporation Name
JAC ENTERPRISES OF THE TREASURE COAST, INC.

Principal Place of Business
4474 OKEECHOBEE RD
FT PIERCE FL 34947
US

Mailing Address
4474 OKEECHOBEE RD
FT PIERCE FL 34947
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/08/1996

4. FEI Number
65-0711127
✓ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 10085 S. Federal Hwy
Suite, Apt. #, etc.
22 Port St Lucie
City & State
23 Florida
Zip 24 34952
Country 25 US

2a. Mailing Address
26 474 NE Red Rock Ct
Suite, Apt. #, etc.
27 Port St Lucie
City & State
28 Florida
Zip 29 34983
Country 30 US

9. Name and Address of Current Registered Agent
CROWLEY, JOAN A
4474 OKEECHOBEE RD
FT PIERCE FL 34947

10. Name and Address of New Registered Agent
81 Name Joan A Crowley
82 Street Address (P.O. Box Number is Not Acceptable) 10085 S. Federal Hwy
83 Port St Lucie
84 City FL 85 Zip Code 34952

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

CR2E034 (10/97)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	P/D/S ☑ Change ☐ Addition
NAME	CROWLEY, JOAN A	1.2 NAME	Joan A Crowley
STREET ADDRESS	474 NE RED ROCK CT	1.3 STREET ADDRESS	474 NE Redrock Ct
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	1.4 CITY-ST-ZIP	Port St Lucie, Fl. 34983
TITLE	M ☐ DELETE	2.1 TITLE	V ☐ Change ☑ Addition
NAME	CROWLEY, DAVID A	2.2 NAME	Joanne Harvey
STREET ADDRESS	474 NE REDROCK CT	2.3 STREET ADDRESS	1367 Meadow Brook Dr.
CITY-ST-ZIP	PORT ST LUCIE FL	2.4 CITY-ST-ZIP	West Palm Beach, Fl. 33417
TITLE	☐ DELETE	3.1 TITLE	T ☐ Change ☑ Addition
NAME		3.2 NAME	Edward A Crowley
STREET ADDRESS		3.3 STREET ADDRESS	474 NE Red Rock Ct
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Port St Lucie, Fl. 34983
TITLE	☐ DELETE	4.1 TITLE	C ☐ Change ☑ Addition
NAME		4.2 NAME	Arthur E Crowley
STREET ADDRESS		4.3 STREET ADDRESS	474 NE Red Rock Ct.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Port St Lucie, Fl. 34983
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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.

SIGNATURE: 4-24-98 561-398-8716