

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

0065409

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

APPROVED
FILED

99 MAR 26 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000094888

1. Corporation Name
JAX, INC. OF DELTONA

Principal Place of Business

577 DELTONA BLVD.
STE 21
DELTONA FL 32725

Mailing Address

P.O. BOX 3357
DELTONA FL 32728

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 Change to Ste 20
23 City & State

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State

23 City & State

24 Zip Country

26 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

SMITH, STAN
577 DELTONA BLVD.
STE. 21
DELTONA FL 32725

3. Date Incorporated or Qualified

11/19/1996

4. FEI Number

59-3411862

Applied For
Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

X

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

X Yes

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Change to Ste 20

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE P DELETE

NAME SMITH, SAMUEL D
STREET ADDRESS 577 DELTONA BLVD. #21
CITY-ST-ZIP DELTONA FL 32728

TITLE VPTS DELETE

NAME SMITH, STAN
STREET ADDRESS 577 DELTONA BLVD. #21-20
CITY-ST-ZIP DELTONA FL 32728

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

11 TITLE Pres. Director See Change X Addition

12 NAME Stanley J Smith

13 STREET ADDRESS 577 Deltona Blvd. Ste 20

14 CITY-ST-ZIP Deltona, FL 32725

21 TITLE Thomas J Harkett Change X Addition

22 NAME

23 STREET ADDRESS 577 Deltona Blvd Ste 20

24 CITY-ST-ZIP Deltona, FL 32725

31 TITLE Change X Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE Change X Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE Change X Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

100002831231--1

-04/06/99--01084--007

****158.75 ****158.75

X Change X Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)