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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000096566 (0)

JG COMPUTERS, INC.

FILED May 06 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 526 S BOYD ST 526 S BOYD ST WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3443042 21 Not Applicable 26 Suite, Apt. #, etc Suite Ant # etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GENTRY, JAMES H **526 S BOYD ST** 82 Street Address (P.O. Box Number is Not Acceptable) WINTER GARDEN FL 34787 83 City Zip Code 85 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 reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change ___ Addition GENTRY, JAMES H NAME 1.2 NAME 526 S BOYD ST STREET ADDRESS 13 STREET ADDRESS WINTER GARDEN FL 34787 CITY-ST-ZIP 1.4 City ST-ZIP TITLE DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS City-St-ZVP 2. 4 CITY - ST - ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-2IP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 of the receiver or trustee enhowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if ctranged, or on an attachment with any address.

SIGNATURE:

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