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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

FILED

Jun 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000101041 (7)

JCAT, INC.

Principal Place of Business Mailing Address							
370 BAYTREE DR MELBOURNE FL 32940			370 BAYTREE DR MELBOURNE FL 32940-2105				
							3, Date Incorporated or Qualified 3a. Date of Last Report 12/13/1996
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For
21			6				39-3422,794 Not Applicable
Sulte, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country			Zip Country				R. This corporation has liability for intangible tax under s. 199.032,
24	Country Zip 29		2147	30			Florida Statutes Yes No
24	9. Name and Address of Curre		tered Agent	1001			10. Name and Address of New Registered Agent
RUTT	rs, robert P Jr.	<u></u>			81	Name	
	N MAIN ST				82	Stroot Add	dress (P.O. Box Number is Not Acceptable)
SUITE A			62 31			SHOOL MUC	areas (F.O. Dox Number is Not Nocchiable)
GAINESVILLE FL 32601					83	· · · · · · · · · · · · · · · · · · ·	
						Cily	FL 85 Zip Code
11 Purcuent	to the provisions of Sections 607.05	02 and 6	07 1508 Florida Stati	utes the a	L I	named cor	rnoration submits this statement for the nurrose of changing its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblid	e of Flari	da. Such change was	s authorize	d by	the corpora	ation's board of directors. I hereby accept the appointment as registered
•••	in termilar with, and accept the obig	gations o	i, 360001 007.0305, i	ionua sia	iolos	·.	
SIGNATURE	Signature, typed or printed name of registered as	ent and title	rif applicable (NO	OTE: Registere	d Age	nt signature requ	uired when roinstating) DATE
12. OFFICERS AND		ID DIRE			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		☐ DELETE		1.1 TITLE		Change Addition
NAME DAVIS, JOHNNY E			1.21		AME		
STREET ADDRESS 370 BAYTREE DR			1.3 \$TRE		TREET	ADDRESS	
CITY - ST - ZIP	MELBOURNE FL 32940				1.4 CITY - ST - ZIP		
TITLE			DELETE 2.11				Change Addition
NAME			2.2 N				
STREET ADDRESS	§					ADDRESS	
CITY - ST - ZIP			DELETE	2. 4 C		ST-ZIP	Change Addition
TITLE			ביין טנננונ	3.2 N			Change Hooken
	NAME			3.3 STREET AL		ADDDECC	
STREET ADDRESS				3.4. CITY - ST - 2IP			
CITY-ST-ZIP TITLE			☐ DELETE		4.1 TITLE		Change Addition
NAME			_	4.21			
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP					ITY-S		
TITLE			☐ DELETE		5.1 TITLE		Change Addition
NAME				5.2 N	AME		
STREET ADDRESS				5.3 S	TREET	ADDRESS	•
CITY-ST-ZIP				5.4 C	ITY-S	T- Z (P	
TITLE			☐ DELETE	6.1 T	6.1 TITLE		Change Addilion
NAME				6.2 N	AME	1	
STREET ADORESS				6.3 S	THEET	ADDRESS	
CITY-ST-ZIP					HY-S		
14. I do 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 logal effect as if made under eath; 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.							