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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000103082 (9)

J-STAR CAPITAL, INC.

Principal Place of Business Mailing Address				1001/301 (10 16/60 0)/// 03/3/ 10/1/ 38/1		
MILL & MONORE MAYO FL 32086		MILL & MONORE MAYO FL 32066				
		4		3. Date Incorporated or Qualified 12/23/1996	3a. Date of Last Report	
— ·	lace of Business	2a. Mailing Address	2 4	4, FEI Number	Applied For	
21 /7://	4 Monroe	26 P.O. BOX 16	<i>50</i>	59-3423682	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	A	City & State				
23	v	28 Mayo, FL		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country		Country	This corporation has liability for		
24	25	29 32066 30	U.5		Yes No	
	9, Name and Address of Current			10. Name and Address of New Re	egistered Agent	
BARLEY, JOHN A 81 Name						
400 N MERIDIAN ST			62 Street Ad-	82 Street Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301			oli dici na	breas (F.O. Box Number is Not Noteplai	5,67	
			83			
			84 City		85 Zip Code	
					FL	
11. Pursuant office or ragent. I a	to the provisions of Soctions 607.0502 egistered agont, or both, in the State of m familiar with, and accept the obliga	P and 607.1508, Florida Statutes, of Florida. Such change was auth tions of, Section 607.0505, Florid	the above-named co norized by the corpor la Statules.	rporation submits this statement for the pation's board of directors. I hereby acce	ourpose of changing its registered pt the appointment as registered	
SIGNATURE						
OWNATORE	Signature, typod or printed name of registered agen	it and little if applicable (NOTE Fe	egistered Agent signature req	uired when reinstating)	DATE	
12.	OFFICERS AND		18.	ADDITIONS/CHANGES TO OFFIC		
TITLE	D	☐ DELETE	11 THLE	P/5/D	Change Addition	
NAME	JACKSON, H. MYERS		12 NAME	•		
STREET ADDRESS	RT 3 BOX 784		13 STREET ADDRESS			
CITY-ST-ZIP	MAYO FL 32066		1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	21 THUE		Change Addition	
NAME	JACKSON, AMY D		2.2 NAME			
STREET ADDRESS	RT 3 BOX 784		2 3 STREET ADDRESS			
CITY-ST-ZIP	MAYO FL 32066	Deces	2 4 CiTY-S1-ZiP			
TITLE	D CINOLETADY TOTAL D	L_ DELF1E		7/0	Change Addition	
NAME	SINGLETARY, JOHN D		3 2 NAME			
STREET ADDRESS	8414 GLENDALIN RD		3 3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32311	Drugge	3 4. CITY - ST - 7IP		Character Laboratory	
TITLE		☐ DELETE	4.1 1iftE		L Change L Addition	
NAME			4. P NAME			
STREET ADDRESS	•		4.9 STREET ADDRESS			
CITY-ST-ZIP		DC C1C	4.4 Crty-S1-7iP	·	Chance Addition	
TITLE		DELETE	51 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		ł	
CITY-ST-ZIP		DELETE	5.4 CITY-S1-ZIP		Channa Addition	
TITLE		יין הנינונ	6.1 THE		☐ Change ☐ Addition	
NAME			6.2 NAME		l	
STREET ADDRESS			6.3 \$1REF1 ADDRESS			
CITY-ST-ZIP			6.4 CITY - S1 - ZIP			

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 legal 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.

SIGNATURE:

ans DELEVENT 11 Ottober O Singleton

4-19.97

(904) 878-2768

FILED

May 12 1997 8:00am

Secretary of State