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

CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000050369 (2) DOCUMENT #

JENRAN CORPORATION

Principal Place of Business Mailing Address 1186 OCEAN SHORE BLVD STE 195 1186 OCEAN SHORE BLVD STE 195 ORMOND BEACH FL 32176 **ORMOND BEACH FL 32176** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/06/1997 Mailing Address 2. Principal Place of Business Applied For 59 -Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees **BOUNTRY USA** This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Personal Property Tax due June 30. g. Name and Address of Current Registered Agent Name and Address of New Registered Agent 61 **BUSINESS FILINGS** 1186 OCEAN SHORE BLVD STE 195 82 **ORMOND BEACH FL 32176** 83 City St. Petersburg 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

SIGNA DATE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE PS ☐ Addition TITLE PARRISH, JENNIFER NAME 1.2 NAME 5055 4 ST SO 1.3 STREET ADORESS STREET ADDRESS ST PETERSBURG FL 33705 COY-ST-ZIP 1 A CITY - ST - 7IP DELETE 2.1 TITLE V Addition **BOOS, RANDALL** 2.2 NAME NAME PARK BLVD 13079 SMINOLE STREET ADDRESS 2.3 STREET ADDRESS ST PETERSBURG FL 34646 2.4 CITY-ST-ZIP CITY - ST - ZIP Change DELETE 3.1 TITLE Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP

14. Thereby 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 appears expert 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 trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 if comment, or on an attay bineral will an address

41 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5 1 TITLE 5 2 NAME

6.1 TITLE

6.2 NAME

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELFTE

DELETE

DELETE

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-S1-ZIP

FILED Mar 19 1998 8:00am Secretary of State

ennifer L. Parkish

Change

Change

☐ Addition

Addition

Addition