

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000054018

1. Corporation Name

JERAULD-LILLARD INC.

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90013 014 ***150.00



Principal Place of Business
27004 NW 174 AVE.
HIGH SPRINGS FL 32643

Mailing Address
P.O. BOX 509
HIGH SPRINGS FL 32655

| | | | | |
|--|---------------------------|---|-----------------------------------|-------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 06/18/1997 | 4. FEI Number 59-3464266 | Applied For Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired □ | \$8.75 Additional Fee Required | |
| City & State 23 | City & State 28 | 6. Election Campaign Financing Trust Fund Contribution □ | \$5.00 May Be Added to Fees | |
| Zip 24 | Country 25 | 7. This corporation owes the current year Intangible Personal Property Tax. □ Yes □ No | | |
| 9. Name and Address of Current Registered Agent JERAULD, JENNIFER 27004 NW 174 AVE. HIGH SPRINGS FL 32643 | | 10. Name and Address of New Registered Agent | | |
| | | 81 Name | | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | | 83 | | |
| | | 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | P | 1.1 TITLE | □ Change □ Addition | |
| NAME | JERAULD, JENNIFER | 1.2 NAME | | |
| STREET ADDRESS | 27004 NW 174TH AVENUE | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HIGH SPRINGS FL 32643 | 1.4 CITY-ST-ZIP | | |
| TITLE | V | 2.1 TITLE | □ Change □ Addition | |
| NAME | LILLARD, SHERRY | 2.2 NAME | | |
| STREET ADDRESS | 27004 NW 174 AVENUE | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HIGH SPRINGS FL 32643 | 2.4 CITY-ST-ZIP | | |
| TITLE | | 3.1 TITLE | □ Change □ Addition | |
| NAME | | 3.2 NAME | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 3.4. CITY-ST-ZIP | | |
| TITLE | | 4.1 TITLE | □ Change □ Addition | |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | □ Change □ Addition | |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | □ Change □ Addition | |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 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 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: *Jennifer Jerauld* SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

904-454-7137

Date

Daytime Phone #

CR2E034 (11/98)