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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B./Mortham

Secretary of State

FILED May 28 1998 8:00am Secretary of State

DIVISION OF CORPORATIONS 1998 P97000055530 (4) **DOCUMENT #** JER-LIN ENTERPRISES, INC. Mailing Address Principal Place of Business 8250 71 AVE NO 6250 71 AVE NO PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/23/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable Suite, Apt. #, etc. Suite, Apt. #, 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 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent PARISH, JERRY L 6250 71 AVE NO 82 Street Address (P.O. Box Number is Not Acceptable) PINELLAS PARK FL 33781 83 84 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 Stonalure, typed or procted tame of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE ☐ Change Addition PARISH, JERRY L NAME 1.2 NAME CR2E034 6250 71 AVE NO STREET ADDRESS 1.3 STREET ADDRESS PINELLAS PARK FL 33781 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 101 F NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP DITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-2IP DELETE Addition 5.1 TITLE Change TITLE NAME **5.2 NAME** 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-2IP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 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 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 of 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, 55 ym an attachment with an address

1/19/98