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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000060888 (9)

JENNIFER'S ON DOUGLAS, INC.

Principal Place of Business Mailing Address 250 NORTH BELCHER ROAD 250 NORTH BELCHER ROAD SUITE 102 **SUITE 102 CLEARWATER FL 33765** CLEARWATER FL 33765 Principal Place of Business 2a, Mailing Address Douglas 26 Suite, Apt. #, etc. 22 27 City & State City & State 23 28 Country Country Zip U.S.A. 24 29 30 9. Name and Address of Current Registered Agent 81

FILED Feb 09 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>07/07/1997</u> FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent JOHNSON, JENNIFER 250 NORTH BELCHER ROAD 82 SUITE 102 83 CLEARWATER FL 33765 84 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. Janniter 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 11 TITLE JOHNSON, JENNIFER NAME 1.2 NAME 250 NORTH BELCHER ROAD NORTH, SUITE 102 STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL 34625** CITY-ST-2IP 1.4 CITY- ST- 7IP TITLE DELETE 2.1 TITLE Change Addition CARLSON, EDWARD D NAME 2.2 NAME 250 NORTH BELCHER ROAD NORTH, SUITE 102 STREET ADDRESS 2.3 STREET ADDRESS **CLEARWATER FL 34625** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE ☐ Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - 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-ZIP DELETE TITLE 5.1 TITLE Change ☐ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP Change TITL F □ DELETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 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:

CR2E034