


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

FILED
Feb 18 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P97000063109 (7)**

1. Corporation Name

JAS HOLDINGS CORPORATION

Principal Place of Business

**19 NW 4TH ST., STE. 410
EVANSVILLE IN 47708**

Mailing Address

**19 NW 4TH ST., STE. 410
EVANSVILLE IN 47708**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1997

4. FEI Number

58-233 0924

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**BURKE, WILLIAM M
1167 3RD ST., S., STE. 107
NAPLES FL 34102**

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

OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DAVIDSON, WAYNE A | |
| STREET ADDRESS | 19 NW 4TH ST., STE. 410 | |
| CITY-ST-ZIP | EVANSVILLE IN 47708 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------------|--|
| 1.1 TITLE | D/P/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | DAVIDSON, WAYNE A. | |
| 1.3 STREET ADDRESS | 19 NW 4th St., Suite 410 | |
| 1.4 CITY-ST-ZIP | Evansville, IN 47708 | |

| | | |
|--------------------|---------------------------|--|
| 2.1 TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | DAVIDSON, D. SCOTT | |
| 2.3 STREET ADDRESS | 919 Four Oaks | |
| 2.4 CITY-ST-ZIP | Fenton, MO 63026 | |

| | | |
|--------------------|-------------------------|--|
| 3.1 TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | DAVIDSON, JILL | |
| 3.3 STREET ADDRESS | 919 Four Oaks | |
| 3.4 CITY-ST-ZIP | Fenton, MO 63026 | |

| | | |
|--------------------|--|---|
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |

| | | |
|--------------------|--|---|
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 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.

SIGNATURE: *Wayne A. Davidson*

CR2E034 (10/97)