

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90034 001 \*\*\*150.00

DOCUMENT # P97000063109  
Corporation Name  
JAS HOLDINGS CORPORATION

Principal Place of Business Mailing Address  
19 NW 4th Street 19 NW 4th Street  
Suite 410 Suite 410  
Evansville, Indiana Evansville, Indiana  
47708, USA 47708, USA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	4. FEI Number 58-233 0824	Applied For Not Applicable
Suite, Apt. #, etc.	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	28	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

William M. Burke, Esq.  
c/o Bond, Schoeneck & King, P.A.  
1167 Third Street South, Suite 107  
Naples, Florida 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

I, 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	
1. NAME	P/T/D <input type="checkbox"/> DELETE Wayne A. Davidson	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	19 NW 4th Street, Suite 410	1.2 NAME	
3. CITY-ST-ZIP	Evansville, Indiana 47708	1.3 STREET ADDRESS	
4. NAME	V <input type="checkbox"/> DELETE D. Scott Davidson	1.4 CITY-ST-ZIP	
5. STREET ADDRESS	919 Four Oaks	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. CITY-ST-ZIP	Fenton, Missouri 63026	2.2 NAME	
7. NAME	S <input type="checkbox"/> DELETE Jill Davidson	2.3 STREET ADDRESS	
8. STREET ADDRESS	919 Four Oaks	2.4 CITY-ST-ZIP	
9. CITY-ST-ZIP	Fenton, Missouri 63026	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<input type="checkbox"/> DELETE	3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-ST-ZIP		3.4 CITY-ST-ZIP	
13. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		4.2 NAME	
15. CITY-ST-ZIP		4.3 STREET ADDRESS	
16. NAME	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
17. STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. CITY-ST-ZIP		5.2 NAME	
19. NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
20. STREET ADDRESS		5.4 CITY-ST-ZIP	
21. CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

*William M. Burke*

(941) 434-7550

CR2E034 (11/98)