

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

**FILED**

**Feb 10 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000068026 (8)**

1. Corporation Name  
**JABROSE INVESTMENT GROUP, INC.**



Principal Place of Business <b>11120 MONTCALM ROAD SPRING HILL FL 34808</b>	Mailing Address <b>11120 MONTCALM ROAD SPRING HILL FL 34808</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/04/1997</b>	4. FEI Number <b>59-3458488</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 <b>7211 HAWATHA PARKWAY</b> Suite, Apt #, etc	2a. Mailing Address 26 <b>7211 HAWATHA PARKWAY</b> Suite, Apt #, etc.
22 City & State 23 <b>Spring Hill, FL</b>	27 City & State 28 <b>Spring Hill, FL</b>
24 Zip <b>34606</b> 25 Country <b>USA</b>	29 Zip <b>34606</b> 30 Country <b>USA</b>

9. Name and Address of Current Registered Agent

**ARNOLD, KARIN  
11120 MONTCALM ROAD  
SPRING HILL FL 34808**

10. Name and Address of New Registered Agent

81 Name <b>JACQUELYN R. CAMPBELL</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>7211 HAWATHA PARKWAY</b>
83
84 City <b>SPRING HILL FL</b>
85 Zip Code <b>34606</b>

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: *Jacquelyn R. Campbell* DATE: **1/8/98**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CAMPBELL, JACQUELYN R 11120 MONTCALM ROAD SPRING HILL FL 34808</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ARNOLD, KARIN 3405 BLACK OAK TRAIL BROOKSVILLE FL 34809</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>Director, Pres, VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>Director Scott G. Campbell 11120 Montcalm Road Spring Hill, FL 34608</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>Secretary Daphne D. Thomson 3588 Seven Springs Blvd New Port Richey FL 34655</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>Treasurer Beverly A. Crowell 13419 Lisa Drive HUDSON FL 34667</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jacquelyn R. Campbell* DATE: **1/8/98** (352) 688-7365

CP2E034 (10/97)