


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

FILED

Apr 20 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 # P97000092471 (6) 1. Corporation Name AUSTIN JON, INC. | | | | | |
| Principal Place of Business 101 MALLARD LANE DAYTONA BEACH FL 32119 | | | Mailing Address 101 MALLARD LANE DAYTONA BEACH FL 32119 | | |
| 2. Principal Place of Business 21 101 MALLARD LANE Suite, Apt. #, etc. 22 City & State 23 DAYTONA BEACH, FL. Zip Country 24 32119 25 USA | | 2a. Mailing Address 26 101 MALLARD LN. Suite, Apt. #, etc. 27 City & State 28 DAYTONA Bch, FL. Zip Country 29 32119 30 USA | | 3. Date Incorporated or Qualified 10/27/1997 4. FEI Number 59-3484102 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent WILLIAMS, ROBERT J 101 MALLARD LANE DAYTONA BEACH FL 32119 | | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 <u>Teresa C. Monda</u> Director 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 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | | |
| D WILLIAMS, ROBERT J 101 MALLARD LANE DAYTONA BEACH FL 32119 <input checked="" type="checkbox"/> DELETE | | | Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TERESA C. MONDA 101 MALLARD LN. DAYTONA BEACH, FL. 32119 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | | |
| Secretary ROBERT J. WILLIAMS 101 MALLARD LN. DAYTONA Bch, FL. 32119 <input checked="" type="checkbox"/> DELETE | | | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TERESA C. MONDA 101 MALLARD LN. DAYTONA Bch, FL. 32119 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | | |
| Treasurer ROBERT J. WILLIAMS 101 MALLARD LN. DAYTONA Bch, FL. 32119 <input checked="" type="checkbox"/> DELETE | | | Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TERESA C. MONDA 101 MALLARD LN. DAYTONA Bch, FL. 32119 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | | |
| <input type="checkbox"/> DELETE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | | |
| <input type="checkbox"/> DELETE | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | | |
| <input type="checkbox"/> DELETE | | | <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: Teresa C. Monda TERESA C. MONDA 4/14/98 904-761-2711

CR2E034 (10/97)