

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  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90030 039 \*\*\*150.00

DOCUMENT # P97000096283

1. Corporation Name  
JOFOST CO.

Principal Place of Business  
4545 ORTEGA BLVD.  
JACKSONVILLE FL 32210

Mailing Address  
4545 ORTEGA BLVD.  
JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/07/1997

4. FEI Number  
59-3479214

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~ROGERS, WALTER F JR~~  
~~112 WEST ADAMS ST., STE. 1402~~  
~~JACKSONVILLE FL 32202~~

81 Name John H. Rogers

82 Street Address (P.O. Box Number is Not Acceptable)  
4545 Ortega Blvd.

83

84 City Jacksonville FL 85 Zip Code 32210

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 John H. Rogers

John H. Rogers March 14, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D E P  
STREET ADDRESS ROGERS, JOHN H  
CITY-ST-ZIP 4545 ORTEGA BLVD.  
JACKSONVILLE FL 32210

TITLE ☐ DELETE  
NAME D, V, T & S  
STREET ADDRESS Jonathan Y. Rogers  
CITY-ST-ZIP 4733 Secret Harbor Drive, N.  
Jacksonville, FL. 32257-8656

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME P E D  
1.3 STREET ADDRESS John H. Rogers  
1.4 CITY-ST-ZIP 4545 Ortega Blvd.  
Jacksonville, FL. 32210

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME D, V, T & S  
2.3 STREET ADDRESS Jonathan Y. Rogers  
2.4 CITY-ST-ZIP 4733 Secret Harbor Drive, N.  
Jacksonville, FL. 32257-8656

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: John H. Rogers Mar 14, 99 (904) 346-5450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0036152