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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000101858 (3)

JAC REALTY INVESTMENTS, INC.

Principal Place of Business

Mailing Address

FILED Apr 23 1998 8:00am Secretary of State

1215 ROXMERE RD. TAMPA FL 33629-4425		1215 ROXMERE RD. TAMPA FL 33629-4425						
TAMEN IL GOODE THES		(Pami	H 12 00020 4425			DO NOT WRITE IN THIS	SPACE	
<u> </u>						3. Date Incorporated or Qualified 12/01/1997		
2. Principal Place of Bu	siness	2s. Ma	iling Address			4 FEI Number	Ar	oplied For
21		26				59-348 6473	No	ot Applicable
Suite, Apt #, etc		27	Suite, Apt. #, etc			5. Certificate of Status Desired		Additional equired
City & State	ner and anomalism of the second of the second		y & State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zış)	Country		8. This corporation owes or has paid the co	urrent year Ini	tangible
24	25	29		30		Personal Property Tax due June 30.	Yes [] No
g, Nar	d Agent			10. Name and Address of New Registered	Agent			
CARTER, J				81	Name			
1215 ROXM	iere RD.			82	Street	Address (P.O. Box Number is Not Acceptable)		
TAMPA FL	33629-4425			83				
				84	City	Fi	85 Zip I	Code
11. Pursuant to the pro-	visions of Sections 607 050	2 and 607.1	508, Florida Statut	les, the above	-named	corporation submits this statement for the purpose operation's board of directors. I hereby accept the ap	of changing it	ts registered
agent Lani familiar	with, and accept the oblig	ations of, So	ection 607.0505, Fi	orida Statutes	, 1116 COLE 3.	poration's board of directors, Thereby accept the ap	pointment as	registered
SIGNATURE								
				Age	nt signaturo	required when reinstating) DATE		
12.						ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12 Addition
TITLE				LE		MED	Change	Addition
NAME				ME		JAMES A. CHRICK		
STREET ADDRE					ADDRESS	JAMES A. CARTER 1215 ROLMEVE RL Tompa, R 33629-4225		
CITY-ST-ZIP				-	T-ZIP	Tompa, FC 33629-4002	Change	Addition
THLE				.f.			☐ Change	☐ Audilion
NAME				VE.	1000000			
STREET ADDRE					ADDRESS			
TITLE 1			I I MELLIE	<u>Y-3</u>	ST-ZIP		Change	Addition
NAME			L. Deterie	32 NAME			C Charigo	
STREET ADDRESS				3 3 STREET	ADDRESS			
City-St-ZIP				3.4. CITY-5				
TITLE			☐ DETE LE	4 1 117LE)1 - EM:		Change	Addition
NAME				4 2 NAME				
STREET ADDRESS				4 3 STREET	ADDRESS			
City-St-ZiP				44 CITY- S				
TITLE	·		DELFTE	51 TITLE	. <u></u>		☐ Change	Addition
NAME				5 2 NAME	į			
STREET ADDRESS				53 STREET	ADDRESS			
CITY-ST-ZIP				54 CITY-S				
THILE			DELETE	61 TITLE			Change	Addition
NAME				62 NAME			-	
STREET ADDRESS				63 STREET	ADDRESS			
CITY-ST-7IP				64 CITY-S				
	the information cumplied u	nth this filess	doce not qualify f			nd in Spotion 110 07/2V/i) Florida Statutos I further o	ortifu that the	intermetion

Decrease of the same and information applied with this intrigueous not quality 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 comparation or the requiver 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 prayged or on an appear with an address.