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Feb 21, 1999 8:00 am  
Secretary of State

02-21-1999 90013 017 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000005284**

1. Corporation Name

**JGFA, INC.**



Principal Place of Business

Mailing Address

**1233 APPLETON ROAD  
MENASHA WI 54952**

**1233 APPLETON ROAD  
MENASHA WI 54952**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>1233 Appleton Road</b>		26 <b>1233 Appleton Road</b>		01/16/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		05-0812818	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25		30		Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible	
				Personal Property Tax.	
				Yes No	

9. Name and Address of Current Registered Agent

**KNOWLES, TIMOTHY A ESQ  
1205 MANATEE AVENUE WEST  
BRADENTON FL 34205**

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

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

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	PRES/Treas	1.1 TITLE	
NAME	ERIC J. JACOBSON	1.2 NAME	
STREET ADDRESS	1233 Appleton Rd	1.3 STREET ADDRESS	
CITY-ST-ZIP	Menasha WI 54952	1.4 CITY-ST-ZIP	
TITLE	VP / ASST. SEC.	2.1 TITLE	
NAME	MICHAEL J. JACOBSON	2.2 NAME	
STREET ADDRESS	1233 Appleton Rd	2.3 STREET ADDRESS	
CITY-ST-ZIP	Menasha WI 54952	2.4 CITY-ST-ZIP	
TITLE	V.P./SEC	3.1 TITLE	
NAME	JOSEPH C. JACOBSON	3.2 NAME	
STREET ADDRESS	1233 Appleton Rd	3.3 STREET ADDRESS	
CITY-ST-ZIP	Menasha WI 54952	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

920-727-5500