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

DOCUMENT # **P98000005998**1. Corporation Name

JAROLS, INC.

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90002 038 ***150.00



Principal Place of Business Mailing Address							
1429 8TH AVE. W. 1429 8TH AVE. W. PALMETTO FL 34221-3119 PALMETTO FL 34221-3119					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 01/20/1998		
2. Principal Place of Business 2a. Mailing Address			~		4. FEI Number Applied For		
21		26			65-0806742 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional		
22		27			5. Certificate of Status Desired Fee Required		
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country		This corporation owes the current year Intangible		
24	25	29 30	0		Personal Property Tax.		
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registered Agent		
			81	Name			
CRAFT, JAMES H			82	82 Street Address (P.O. Box Number is Not Acceptable)			
1429							
PALMETTO FL 34221-3119			83				
			84	City	FL 85 Zip Code		
44 Durayant	to the provinces of Sections 607.050	2 and 607 1508 Florida Statutes	the above	a-named	corporation submits this statement for the purpose of changing its registered		
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	norized by	tne corpo	poration's board of directors. I hereby accept the appointment as registered		
SIGNATURE					required when reinstating) DATE		
	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re ND DIRECTORS	13.	t signature r	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	P OFFICERS AI	DELETE	1.1 TITLE		Change Addition		
TITLE	CRAFT, JAMES		1.2 NAME				
NAME	AAC COTH CTOPPT F			ADDRESS	,		
STREET ADDRESS	PALMETTO FL 34221	· , '					
CITY-ST-ZIP	ST ST	☐ DELETE	1.4 CITY-S 2.1 TITLE	1-ZIP	VICE-PRESIDENT X Change Addition		
TITLE	_ ,		2.1 NAME		VICE INDIBUTE		
NAME	DURHAM, CAROL			ADDDCOO	DURHAM, CAROL 911 8TH AVE. S.W.		
STREET ADDRESS	911 8TH AVE. S. W.		2.3 STREE		RUSKIN, FL 33570		
CITY-ST-ZIP	RUSKIN FL 33570	☐ DELETE	2.4 CITY-S 3.1 TITLE	II-ZIP	DA DA		
TITLE		FINCTEIE	l .		ST CRAFT, STEPHEN		
NAME			32 NAME	T ADDD=-^-			
STREET ADDRESS			3.3 STREE		IIID DOTH STREET, E.		
CITY-ST-ZIP		☐ DELETE	3.4. CITY+S	st-ZP	PALMETTO, FL 34221		
TITLE		□ DELETE	4.1 TITLE				
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREE		5		
CITY-ST-ZIP		C DELETE	4.4 CITY-S	T-ZIP	. Change Addition		
TITLE		☐ DELETÉ	5.1 TITLE				
NAME			5.2 NAME	T ADDRESS	·		
STREET ADDRESS			5.3 STREE				
CITY-ST-ZIP		□ DELETE	5.4 CITY-S 6.1 TITLE	1- LIP	☐ Change ☐ Addition		
TITLE		☐ DELETE	1				
NAME			6.2 NAME	T &DDO-00			
STREET ADDRESS			6.3 STREE				
			m # 4 CITY S	1.7P	T and the second		

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 truetee/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 of on any attachment with an address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

1-25-99