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

CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9800008634

JIMSETTERS UNLIMITED INC.

Principal Place of Business

Mailing Address

1218 BONAIRE DRIVE LEESBURG FL 34748 1218 BONAIRE DRIVE LEESBURG FL 34748

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90089 016 ***150.00



DO NOT WRITE IN THIS SPACE

				3. Date Incorporated or Qualifed 01/26/1998			
2./Principal Place of Business 2a. Mailing Address				4. FEI Number	Ac	pplied For	
		in Ct		59-3335694		ot Applicable	
1507 W Main St 26 1507 W Main St Suite, Apt. #, etc. Suite, Apt. #, etc. 27		III OL		5. Certifcate of Status Desired	\$8.75 A	Additional	
City & State City & State				6. Election Campaign Financing	\$5.00	May Bo	
Leesburg FL 34748 28 Leesburg Fl		34748 Country		Trust Fund Contribution Added to Fees			
Zip Country Zip 24 25 LAKE 29 30			LAKE Personal Property Tax. ☐ Yes ☑ No.		⊠No		
9. Name and Address of Current	Registered Agent		,	10. Name and Address of New Registered A	gent		
GRIFFITH, JIMMY 1507 W Main St LEESBURG FL 34748		81		t Address (P.O. Box Number is Not Acceptable)			
		83					
				·		1	
		84	City	FL	85 Zip (Code	
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named co	progration submits this statement for the nurpose of c	hanging its	registered	
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	of Florida. Such change was autrions of, Section 607.0505, Florida	a Statutes	tne corpora	stion's board of directors. I hereby accept the appoint	illelit as lei	gistered .	
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable (NOTE: Re	anistered Age	nt signature regu	ured when reinstating) DATE			
12. OFFICERS AND DIRECTORS			ra dignotoria roqu		NGES TO OFFICERS AND DIRECTORS IN 12		
TITLE Pres JIMMY GRIFFITH DELETE		13.			Change	☐ Addition	
NAME 1507 W Main St		1.2 NAME				İ	
STREET ADDRESS Leesburg FL 34748		1.3 STREET ADDRESS				-	
CITY-ST-ZIP		1.4 CITY- S	ST-ZIP				
TITLE	□ DELETE	2.1 TITLE		•	Change	☐ Addition	
NAME		2.2 NAME					
STREET ADDRESS		2.3 STREE	TADDRESS		•		
CITY-ST-ZIP		2.4 CITY-	ST-ZIP				
TITLE	DELETE	3.1 TITLE			C) cuange	Addition	
NAME		3.2 NAME					
STREET ADDRESS		1	T ADDRESS			j	
CITY-ST-ZIP	DELETE	3.4. CITY-: 4.1 TITLE	SI-ZIP		Change	Addition	
NAME	<u> </u>	4. 2 NAME				_	
STREET ADDRESS			T ADDRESS	``_			
CITY-ST-ZIP		4.4 CITY-5					
RÎLE	☐ DELETE	5.1 TITLE	-		☐ Change	☐ Addition	
NAME		5.2 NAME				Ì	
STREET ADDRESS		5.3 STREE	T ADDRESS			`	
CITY-ST-ZIP	/	5.4 CITY-5	ST-ZIP				
TITLE	☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREE	TADDRESS				
CITY-ST-ZIP .		6.4 CITY-5	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:

TURE AND TYPED OR PRINTED NAME OF SALANGE OFFICER OR DIRECTOR

4 126 99 352 7879508

CR2E034 (11/98)