PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90162 041 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000020665

JUST JAGS, INC.

Principal Place of Business

39062 US HWY 19 N TARPON SPRINGS FL 34689 Mailing Address

Zip

39082 US HWY 19 N TARPON SPRINGS FL 34689

| | | 03/04/1998 | |
|------------------------------------|-------------------------------------|--|-----------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 11 229 E. Lemon St. | 26 229 E. Lemon St. | 59-3496019 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certifcate of Status Desired | \$8.75 Additional Fee Required |
| City & State 23 TARPON SPRINGS. FL | City & State 28 TARPON SPRINGS, FL | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |

Country

81 Name

34689 34689 29 25 9. Name and Address of Current Registered Agent

30

8. This corporation owes the current year Intangible Personal Property Tax.

□No 10. Name and Address of New Registered Agent

EATON, DARRYL J 39082 US HWY 19 N

TARPON SPRINGS FL 34689

Country

| 32 | Street Address (P-O. Box Number is Not Acceptable) |
|----|--|
| _ | Street Address (P.O. Box Number is Not Acceptable) |
| | 10-13 TULU CUO DATE |
| 33 | |
| | |

| 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: Re | egistered Agent signature o | required when reinstating) DATE | | <u>·</u> | | | | | |
| 12. | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AN | ND DIRECTOR | RS IN 12 | | | | | |
| TITLE | DP □ DELETE | 1.1 TITLE | | Change | ☐ Addition | | | | | |
| NAME | EATON, DARRYL J | 1.2 NAME | a alua Tanua | | | | | | | |
| STREET ADDRESS | 39082 US HWY 19 N | 1.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | TARPON SPRINGS FL 34689 | 1.4 CITY-ST-ZIP | TARPON SPRINGS, FL 34689 | | | | | | | |
| TITLE | DST DELETE | 2.1 TITLE | , | Change | Addition | | | | | |
| NAME | EATON, JO ANN | 2.2 NAME | 2 | | | | | | | |
| STREET ADDRESS | 39082 US HWY 19 N | 2.3 STREET ADDRESS | 1675 POLO CLUB PRIVE | . | | | | | | |
| CiTY-ST-ZIP | TARPON SPRINGS FL 34689 | 2. 4 CITY-ST-ZIP | TARRON SPRINGS, FL 3463 | 89 | | | | | | |
| TITLE | ☐ DELETE | 3.1 TITLE | , | ☐ Change | ☐ Addition | | | | | |
| NAME | • | 3.2 NAME | | | | | | | | |
| STREET ADDRESS | e months and the second of the | 3.3 STREET ADDRESS | . ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | · | | | | | | |
| CITY+ST-ZIP | | 3.4. CITY- \$T-ZIP | | | | | | | | |
| TITLE | DELETE | 4,1 TITLE | | Change | ☐ Addition | | | | | |
| NAME | | 4. 2 NAME | | | | | | | | |
| STREET ADDRESS | | 4,3 STREET ADDRESS | | | į | | | | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | | | | | | | |
| TITLE | ☐ DELETE | 5.1 TITLE | | Change | ☐ Addition | | | | | |
| NAME | | 5.2 NAME | | | | | | | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | | | | | | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | | | | | | | |
| TITLE | DELETE | 6.1 TITLE | · | Change | ☐ Addition | | | | | |
| NAME | | 6.2 NAME | | | | | | | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | | | | | | | |
| OFFI OF THE | | 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.