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

PROFIT CORPORATION ANNUAL REPORT

1999



Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

DOCUMENT # P98000025498

JAMAC & SONS, INCORPORATED

Principal Place of Business				
2829 SE PACE DRIVE				



Mailing Address 2829 SE PACE DRIVE PORT ST. LUCIE FL 34984 PORT ST. LUCIE FL 34984 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/18/1998 2. Principal Place of Business 2a. Mailing Address Applied For 65-0825769 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5,00 May Be Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible Yes 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CERNUTO, MARY ANN Street Address (P.O. Box Number is Not Acceptable) 82 2829 SE PACE DRIVE PORT ST. LUCIE FL 34984 83 Zip Code 84 85 City 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	MARY AND LERAUTO Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature in	Yen We DATE DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	• DELETE	1.1 TITLE	VICE PRESIDENT Change Addit	ion	
NAME		1.2 NAME	Joseph R. CERNUTO, III		
STREET ADDRESS		1.3 STREET ADDRESS	Seph R. CERNUTO, III 2829 SE ACE DR		
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Pr Sr Licie, FL 34984		
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addit	ion	
NAME		2.2 NAME			
STREET ADDRESS	•	2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-ST-ZIP			
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NAME		3.2 NAME		ļ	
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CITY-ST-ZIP		3.4. CITY-ST-ZIP			
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NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CiTY-ST-ZIP		_	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addit	ion	
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS		1	
CITY-ST-ZIP		5.4 CITY-ST-ZIP.			
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addit	ion	
NAME		6.2 NAME		- {	
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP	·		

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.

54-336-0616