

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

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90090 014 ***150.00

DOCUMENT # P98000034839

1. Corporation Name

J & S TECHNOLOGIES, INC.

Principal Place of Business

3181 OLD PORT CIRCLE EAST
JACKSONVILLE FL 32216

Mailing Address

3181 OLD PORT CIRCLE EAST
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1998

4. FEI Number

59-3505837

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

KOSLOWSKI, GERALD J
3181 OLD PORT CIRCLE EAST
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name
Meredith Allen Hernandez
82 Street Address (P.O. Box Number is Not Acceptable)
3617 Crown Pt. Rd. #4
83
84 Jacksonville FL
85 Zip Code
32257

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

Meredith Allen Hernandez

2/25/99

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	KOSLOWSKI, GERALD J	
STREET ADDRESS	3181 OLD PORT CIRCLE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	DELETE
NAME	KOSLOWSKI, DIANE M	
STREET ADDRESS	3181 OLD PORT CIRCLE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	DELETE
NAME	KOSLOWSKI, SCOTT A	
STREET ADDRESS	6626 NATHAN DR. NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	DELETE
NAME	YOST, KAYLYNN	
STREET ADDRESS	213 NOTTINGHAM DR. WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

Gerald Koslowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(904) 288-8999

CR2E034 (1/198)