

FILED
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90003 025 ***150.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$500 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000070785 ✓

1. Corporation Name
JCG HOLDINGS, INCORPORATED

Principal Place of Business
 29 SANDY COVE RD.
 SARASOTA FL 34242

Mailing Address
 29 SANDY COVE RD.
 SARASOTA FL 34242

2. Principal Place of Business
 21. **3535 La Paloma Ave**
 Suite, Apt. #, etc.
 22. **Sarasota, FL**
 Zip **34242** Country **USA**

2a. Mailing Address
 26. **3535 La Paloma Ave**
 Suite, Apt. #, etc.
 27. **Sarasota, FL**
 Zip **34242** Country **USA**

3. Date Incorporated or Qualified
08/10/1998

4. FEI Number
65-0854991

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. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
CUNNINGHAM, JOSEPHINE
 29 SANDY COVE RD.
 SARASOTA FL 34242

10. Name and Address of New Registered Agent
 81. Name **Jane Corcoran**
 82. Street Address (P.O. Box Number is Not Acceptable)
3535 La Paloma Avenue
 83. **Sarasota**
 84. City **Sarasota** FL 85. Zip Code **34242**

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 *Jane Corcoran* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	JANE CORCORAN
STREET ADDRESS		1.3 STREET ADDRESS	3535 La Paloma Ave
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Sarasota, FL 34242
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	VICE president
STREET ADDRESS		2.3 STREET ADDRESS	Josephine Cunningham
CITY-ST-ZIP		2.4 CITY-ST-ZIP	3535 La Paloma Ave
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Jane Corcoran* 7-13-99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/ma Phone #

CR2E034 (5/99)