PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

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JOURNEYS SOULWORKS, INC.

Mailing Address Principal Place of Business 1418 SAN MARCO BLVD. 1418 SAN MARCO BLVD. JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed Q9/30/1998 4-xEEI-Number - 5x Applied For 2. Principal Place of Business 2a, Mailing Address. 59-35 Not Applicable 21 \$8.75 Additional Suite, Apl. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Feet -Trust Fund Contribution 23 Country 8. This corporation owes the current year intangible Ζiρ X Yes □No 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HARRIS, CRAIG J Street Address (P.O. Box Number is Not Acceptable) 82 1418 SAN MARCO BLVD. JACKSONVILLE FL 32207 83 84 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 about of directors, i hereby accept the appointment as registered agent. Tam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applic CR2E034.(11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE πE HARRIS, CRAIG J 1.2 NAME MAME 8129 VILLAGE GATE COURT 1.3 STREET ADDRES STREET ADDRESS JACKSONVILLE FL 32217 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE TITLE KAYE, BIANCA D 2.2 NAME MALE 1418 SAN MARCO BLVD. 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition [] Change DELETE 11 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP [] Change Addition DELETE 4.1 TITLE TILE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS i 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 5.1 TITLE шь 5.2 NAME 5.3 STREET ADDRESS STREET ADDRES 5.4 CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change DELETE MLE NAME 6.3 STREET ADDRESS STREET ADDRESS CTTY-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 turther 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

DOWN KOUKIEF REQUIRED