141999-90007-046-\$150.00-\$150.00

CORPORATION ANNUAL REPORT 1999

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## Kathorine Harris

Secretary of State

**DIVISION OF CORPORATIONS** 

## Jul 14, 1999 8:00 am Secretary of State 07-14-1999 90007 046 \*\*\*150.00

1. Corporation Name P98000091652														
JACK F	rabbit E	XPRESS,	INC											
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Principal Place of Business Mailing Address											••		• • • • • • • • • • • • • • • • • • • •	
4505 W KNOLLWOOD ST 4505 W KNOLLWOOD ST TAMPA FL 33614 TAMPA FL 33614														
IAMPA PL 33	014			IAMP	A PL 33014					DO NOT WRITE IN T	HIS SPA	CE		
										3. Date Incorporated or Qualified				
										10/28/1998		г	F	
2. Principal P	lace of Busi	ness	. }	2a. Mailing Address						4 FEI Number Applied Fo 99-3528953 Not Applie				
21 Suite Act	# 010			Suite, Apt. #, etc.							\$		Addition:	
Suite, Apt.	40, Apr. #, 01c.	Apr. #, etc.				5. Certificate of Status Desired	•		equired					
City & Stat	ty & State	State				6. Election Campaign Financing \$5.00 May Be								
23			Ţ	28						Trust Fund Contribution Added to Fees				
Zip	Country						Country			g. This corporation owes the current year				
24	25			29 30						Intangible Personal Property. Yes No				
	9, Name	and Addre	se of Current R	gistere	d Agent		81	Name		10. Name and Address of New Register	ed Age	<del>11</del>		
LEA	L GINA						81	Name						
4505 W KNOLLWOOD ST							B2 Street Addr			ss (P.O. Box Number is Not Acceptable)				}
TAMPA FL 33614							83	├──						
•••		•••												
							84	City			FL  8:	5 Zip	Code	
44 Dureugni	t to the new!	inions of sacti	nos 607 0502 se	4 607 1	508 Florida Stati	ries, the ab	CVB-	named c	DIDOLO			ng its re	gistered	
11. Pursuani office or	registered a	gent, or both	in the State of	lorida.	Such change wa	s authorize	d by	the corp	oration	tion submits this statement for the purpose on board of directors. I hereby accept the space of	pointme	nt as re	gistered	'
	am tamıllar i	Willin, and acc	ept the obligation	18 (7), 86	CBOH 607.0303,	rivinia ola	wies	a.						- 1
SIGNATURE	Signature, type	d or printed name	of registered agent and	tile if app	licable.	NOTE: Registe	red A	gent dignetu	re requir	ed when remetating) DAT				
12.		· · · · · · · · · · · · · · · · · · ·	FICERS AND			13.				ADDITIONS/CHANGES TO OFFICERS	-		_	
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NAME	5				□ occeie	62 N					٠			
STREET ACCRESS	Į.					1		ADDRESS						1
CITY OT 7ID						84.01	TY-ST	-71P						
14, I hareby o	ertify that the	a information	supplied with this	filing di	oes not qualify fo	the exemp	otion	stated in	section	n 119.07(3)(i), Florida Statutes. I further cer	ify that t	ne infor	nation	$\neg$
indicated of an officer in Block 12	on this annu or director o 2 or Block 1	a report or s if the corpora 3 if changed,	upplemental ann tion or the receiv or on an attacht	ual repo er or tru nent wit	er is true and acc sistee ampowered by an address.	to execute	inat this	my signa s report a	iture si Is requ	n 119.07(3)(i), Florida Statutes. I further cer hall have the same legal effect as if made u irred by Chapter 607, Florida Statutes; and t	narimy r	ame ap	pears	

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