FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S06703 (0)

1. Corporation Name
JJN SALES, INC.

Principal Place of Business
3030 N ROCKY PT DR W
SUITE 165
TAMPA FL 33607
US

Mailing Address
3030 N ROCKY PT DR W
SUITE 165
TAMPA FL 33607
US

2. Principal Place of Business
21 5555 W. Waters Ave
Suite, Apt. #, etc.
22 Suite 609
City & State
23 Tampa, FL
24 Zip 33634
25 Country Hillsborough

2a. Mailing Address
26 5555 W. Waters Ave
Suite, Apt. #, etc.
27 Suite 609
City & State
28 Tampa, FL
29 Zip 33634
30 Country Hillsborough

3. Date Incorporated or Qualified: 10/15/1990
3a. Date of Last Report: 01/30/1995
4. FEI Number: 59-3032722 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
COLVIN LEE
10319 ORANGE GROVE DRIVE
TAMPA FL 33618

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

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 ________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	COLVIN, LEE	
STREET ADDRESS	10319 ORANGE GROVE DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	☐ DELETE
NAME	COLVIN JOSHUA	
STREET ADDRESS	10319 ORANGE GROVE DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	V	☐ DELETE
NAME	COLVIN, CHERYL	
STREET ADDRESS	10319 ORANGE GROVE DR	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Lee Colvin — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 Date — 813-888-6554 Daytime Phone #

CR2E034 (12/95)