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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

V33879

(0)

SJOLLANT, INC.

NAME STREET ADDRESS

TITLE

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

Principal Place of Business	Mailing Address

FILED Feb 09 1998 8:00am Secretary of State



259 S. INDUSTRIAL DR. 259 S. INDUSTRIAL DR. **ORANGE CITY FL 32763 ORANGE CITY FL 32763** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/04/1992 Applied For 2. Principal Place of Business 2a. Mailing Address 59-3119494 Not Applicable 26 Suite, Apt. #, etc. Suite, Ant #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHRISTIANSEN, JAYNE I. 1172 VICKSBURG ST. Street Address (P.O. Box Number is Not Acceptable) **DELTONA FL 32725** 63 City 84 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. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change Addition CHRISTIANSEN, ALFRED R. NAME 1.2 NAME 1172 VICKSBURG ST. STREET ADDRESS 1.3 STREET ADDRESS **DELTONA FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE CHRISTIANSEN, JAYNE I. NAME 22 NAME 1172 VICKSBURG ST. STREET ADDRESS 2.3 STREET ADDRESS **DELTONA FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Addition TITLE

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 of the receiver or furcise 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.

4. 2 NAME

51 TITLE

52 NAME

6.1 TITLE

6.2 NAME

DELFTE

DELETE

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE: Jaime Christiansen

1/30/98

904-114-0000

Change

Change

Addition

Addition