

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001092

Entity Name: JAARS, INC.

Current Principal Place of Business:

7405 JAARS ROAD
WAXHAW, NC 28173

Current Mailing Address:

P.O. BOX 248
WAXHAW, NC 28173-0248

FEI Number: 56-0818833

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOYLES, WILLIAM A
301 EAST PINE STREET, SUITE 1400
ORLANDO, FL 32801 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name MCLENDON, WILLIAM
Address 7905 AGAPE LN
City-State-Zip: WAXHAW NC 28173

Title V
Name DALY, CHUCK
Address 6205 KELLY LYNN CT
City-State-Zip: WAXHAW NC 28173

Title S
Name HUTCHINSON, JOHN
Address 7600 FARBROOK DR
City-State-Zip: WAXHAW NC 28173

Title T
Name STAPLES, TIM
Address 7405 DAVIS RD
City-State-Zip: WAXHAW NC 28173

Title CHAIR
Name HOOD, ANDY CHAIR
Address 22 MCKINLEY ST
City-State-Zip: MANCHESTER CT 06040

Title DIRECTOR
Name EDEN, MARITA
Address P.O. BOX 248
City-State-Zip: WAXHAW NC 28173-0248

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIM STAPLES

CFO

01/25/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date