

**2018 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 DPVST  
Name MCLENDON, WILLIAM JR.  
Address P.O. BOX 248  
City-State-Zip: WAXHAW NC 28173-0248

Title S  
Name WHALEY, CRAIG  
Address P.O. BOX 248  
City-State-Zip: WAXHAW NC 28173-0248

Title T  
Name STAPLES, TIM  
Address P.O. BOX 248  
City-State-Zip: WAXHAW NC 28173-0248

Title VP  
Name RUSSELL, CRAIG  
Address P.O. BOX 248  
City-State-Zip: WAXHAW NC 28173-0248

Title VP  
Name BIGGERSTAFF, STEVE  
Address P.O. BOX 248  
City-State-Zip: WAXHAW NC 28173-0248

Title VP  
Name ANDERS, BRIAN  
Address P.O. BOX 248  
City-State-Zip: WAXHAW NC 28173-0248

Title D  
Name KIEHLBAUCH, PEARL F.  
Address 7405 JAARS ROAD  
City-State-Zip: WAXHAW NC 28173

*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: PEARL F. KIEHLBAUCH

D

03/09/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date