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 # **193089** **(0)**

1. Corporation Name

JORDAN LIQUIDATORS, INC.

Principal Place of Business	Mailing Address
~~777 S. HARBOUR ISLAND~~ ~~780~~ TAMPA FL ~~33602~~ US	~~777 S. HARBOUR ISLAND~~ ~~780~~ TAMPA FL ~~33602~~ US

3. Date Incorporated or Qualified: **05/11/1956**

3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business
21: 703 W. Bay St
22: Suite, Apt. #, etc.
23: City & State: Tampa FL
24: Zip: 33606 25: Country

2a. Mailing Address
26: 703 W. Bay St.
27: Suite, Apt. #, etc.
28: City & State: Tampa FL
29: Zip: 33606 30: Country

4. FEI Number: **59-0770475** ☐ 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

JORDAN, PAMELA
~~777 GO HARBOUR ISLD BLVD~~
~~STE 780~~
TAMPA FL ~~33602~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 703 W. Bay St.
83
84 City: Tampa FL 85 Zip Code: 33606

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 (Signature, typed or printed name of registered agent and title if applicable) (New Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GILMORE, FLORENCE		1.2 NAME		
STREET ADDRESS	6014 46TH AVE. N.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 00000		1.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JORDAN, WENDELL		2.2 NAME		
STREET ADDRESS	1524 BUTTONBUSH CIR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		2.4 CITY-ST-ZIP		
TITLE	PTD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	JORDAN, PAMELA S.		3.2 NAME		
STREET ADDRESS	~~777 S. HARBOUR ISLAND BLVD, #780~~		3.3 STREET ADDRESS	703 W. Bay St.	
CITY-ST-ZIP	~~TAMPA FL~~		3.4 CITY-ST-ZIP	Tampa FL 33606	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)(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 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: Pamela J. McCann, Director 5-13-96 813-251-4353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

CR2E034 (12/95)