

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 MAY -1 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 465802

(7)

1. Corporation Name:

JUSTICE CORPORATION

Principal Place of Business

19329 U. S. 19 NORTH, SUITE 100
CLEARWATER FL 34624

Mailing Address

19329 U. S. 19 NORTH, SUITE 100
CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/04/1974	3a. Date of Last Report 04/08/1994
4. FEI Number 59-1561565	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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. City	28. City
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JUSTICE, ALBERT N 1309 US 19 SOUTH STE 100 CLEARWATER FL 34624	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83. City
	84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0503 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	JUSTICE, ALBERT N	1.2 NAME	
STREET ADDRESS	3040 HIBISCUS DR W	1.3 STREET ADDRESS	
CITY, ST, ZIP	BELLEAIR BCH, FL 00000	1.4 CITY, ST, ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	JUSTICE, JUDITH B	2.2 NAME	
STREET ADDRESS	3040 HIBISCUS DR W	2.3 STREET ADDRESS	
CITY, ST, ZIP	BELLEAIR BCH, FL 00000	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		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 110.07(3)(b), Florida Statutes. I further certify that the information 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:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95

8753-4600