

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F26401** (2)

1. Corporation Name
JUNE JARMER, INC.



Principal Place of Business
**619 NORTHLAKE BLVD
C/O JUNE E JARMER
NORTH PALM BEACH FL 33408**

Mailing Address
**619 NORTHLAKE BLVD
C/O JUNE E JARMER
NORTH PALM BEACH FL 33408**

2. Principal Place of Business	2a. Mailing Address
21 9529 S.E. 174th Loop Suite, Apt. #, etc.	26 9529 S.E. 174th Loop Suite, Apt. #, etc.
22 City & State	27 City & State
23 SUMMERFIELD, FL	28 SUMMERFIELD
24 34491 Country USA	29 34491 Country U.S.A.

3. Date Incorporated or Organized 03/23/1981	3a. Date of Last Report 04/11/1995
4. FEI Number 59-2095597	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statute: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JARMER, JUNE E
619 NORTHLAKE BLVD
NO PALM BEACH FL 33408**

10. Name and Address of New Registered Agent

81 Name JUNE E. JARMER
82 Street Address (P.O. Box Number is Not Acceptable) 9529 S.E. 174th Loop
83
84 City SUMMERFIELD FL 85 Zip Code 34491

11. Pursuant to the provisions of Sections 607.0502 and 607.1503 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARMER, JUNE E	2. NAME	
STREET ADDRESS	619 NORTHLAKE BLVD 9529 S.E. 174 th Loop	3. STREET ADDRESS	
CITY - ST - ZIP	NO PALM BEACH FL 5. SUMMERFIELD, FL 34491	4. CITY - ST - ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY - ST - ZIP		24. CITY - ST - ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. 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)(k), 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: *June E. Jarmer* JUNE E. JARMER 4/1/96 352-317-7095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date of Filing)

CR2E034 (12/95)