FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:14

DOCUMENT # G41431 (9)

1. Corporation Name
JIREH, INC.

Principal Place of Business	Mailing Address
43309 U.S. HIGHWAY 19 NORTH P.O. BOX 1608 TARPON SPRINGS FL 34688-8608	43309 U.S. HIGHWAY 19 NORTH P.O. BOX 1608 TARPON SPRINGS FL 34688-8608

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/31/1983
3a. Date of Last Report: 03/02/1994

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

4. FEI Number: 59-2293309 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FRIEDLAND, LEW
43309 U.S. HIGHWAY 19 NORTH
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	1.1 TITLE		☐ Change ☐ Addition
NAME	SALING, GARY	1.2 NAME		
STREET ADDRESS	43309 US HWY 19 N.	1.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	1.4 CITY-ST-ZIP		
TITLE	DV	2.1 TITLE	DVST	☒ Change ☐ Addition
NAME	FORD, DAVID	2.2 NAME		
STREET ADDRESS	43309 U.S. HIGHWAY 19 N.	2.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	2.4 CITY-ST-ZIP		
TITLE	DP	3.1 TITLE		☐ Change ☐ Addition
NAME	FRIEDLAND, LEW	3.2 NAME		
STREET ADDRESS	43309 U.S. HIGHWAY 19 N.	3.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	ALDRIDGE, DANIEL	4.2 NAME		
STREET ADDRESS	43309 U.S. HIGHWAY 19 N.	4.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	MIONE, JOHN K	5.2 NAME		
STREET ADDRESS	43309 US HWY 19 N.	5.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	V	☐ Change ☒ Addition
NAME		6.2 NAME	T. SHEA GILLS	
STREET ADDRESS		6.3 STREET ADDRESS	43309 US HWY 19 N	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	TARPON SPRINGS FL 34689	

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: Lew Friedland LEW FRIEDLAND 1-30-95 813-942-2591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0373818 CP