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

FILED
Jan 30 1996 8:00 am
Secretary of State

DOCUMENT # **G41431** **(9)**

1. Corporation Name

JIREH, INC.

Principal Place of Business

43309 U.S. HIGHWAY 19 NORTH
~~P.O. BOX 1608~~
TARPON SPRINGS FL ~~34688-8608~~

Mailing Address

~~43309 U.S. HIGHWAY 19 NORTH~~
P.O. BOX 1608
TARPON SPRINGS FL 34688-8608

3. Date Incorporated or Qualified: **05/31/1983**

3a. Date of Last Report: **02/14/1995**

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

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24 34689
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

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

12. OFFICERS AND DIRECTORS

TITLE	DV	☐ DELETE
NAME	SALING, GARY	
STREET ADDRESS	43309 US HWY 19 N.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	DVST	☐ DELETE
NAME	FORD, DAVID	
STREET ADDRESS	43309 U.S. HIGHWAY 19 N.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	DP	☐ DELETE
NAME	FRIEDLAND, LEW	
STREET ADDRESS	43309 U.S. HIGHWAY 19 N.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	V	☐ DELETE
NAME	ALDRIDGE, DANIEL	
STREET ADDRESS	43309 U.S. HIGHWAY 19 N.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	V	☐ DELETE
NAME	MIONE, JOHN K	
STREET ADDRESS	43309 US HWY 19 N.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	V	☐ DELETE
NAME	GILLS, T S	
STREET ADDRESS	43309 US HWY 19 N	
CITY-ST-ZIP	TARPON SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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: [signature] LEW FRIEDLAND 1-19-96 813-942-2591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)