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 # **H36843** **(1)**

1. Corporation Name

JRL VENTURES, INC.

Principal Place of Business	Mailing Address
% J. ROBERT LONG. JR. ~~1486 HILLVIEW DRIVE~~ ~~SARASOTA FL 34239~~	% J. ROBERT LONG. JR. ~~1486 HILLVIEW DRIVE~~ ~~SARASOTA FL 34239~~

3. Date Incorporated or Qualified: 12/27/1984
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 1927 SW Pine Island Rd.	26 1927 SW Pine Island Rd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Cape Coral, FL	28 City & State: Cape Coral, FL
24 Zip: 33991 25 Country: USA	29 Zip: 33991 30 Country: USA

4. FEI Number: 65-0439703 ☐ 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

LONG, J. ROBERT JR.
~~1486 HILLVIEW DRIVE~~
~~SARSOTA FL 34239~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 1927 SW Pine Island Road

83

84 City: Cape Coral FL 85 Zip Code: 33991

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 the date as required. (NOTE: Registered Agent's signature required for filing.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LONG, J. ROBERT JR.		1.2 NAME	
STREET ADDRESS	~~1486 HILLVIEW DRIVE~~		1.3 STREET ADDRESS	1927 SW Pine Island Road
CITY-ST-ZIP	~~SARASOTA FL~~		1.4 CITY-ST-ZIP	Cape Coral, FL 33991
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LONG, KAREN		2.2 NAME	
STREET ADDRESS	~~1486 HILLVIEW DRIVE~~		2.3 STREET ADDRESS	1927 SW Pine Island Road
CITY-ST-ZIP	~~SARASOTA FL~~		2.4 CITY-ST-ZIP	Cape Coral, FL 33991
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
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	

CR2E034 (12/95)

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: J. Robert Long Jr. 6/14/96 941-283-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #