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FILED

Jan 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H60028 (8)

1. Corporation Name  
JO LAR ENTERPRISES, INC.

Principal Place of Business  
1541 MEDICAL DR.  
SUITE 105A  
TALLAHASSEE FL 32308

Mailing Address  
1541 MEDICAL DR.  
SUITE 105A  
TALLAHASSEE FL 32308-4800



3. Date Incorporated or Qualified 06/03/1985  
3a. Date of Last Report 02/29/1996

2. Principal Place of Business  
21 7800 McCURE DR.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 7800 McCURE DR.  
Suite, Apt. #, etc.

4. FEI Number 59-2538665  
Applied For Not Applicable

22 City & State  
23 TALLAHASSEE

27 City & State  
28 TALLAHASSEE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 Zip 32312 Country LEON

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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

10. Name and Address of New Registered Agent

BLANTON, EDWIN F  
825 THOMASVILLE ROAD  
TALLAHASSEE FL 32303

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAGER, LAWRENCE V.	12 NAME	
STREET ADDRESS	1541 MEDICAL DR #105A	13 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	14 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAGER, JOE NELL	22 NAME	
STREET ADDRESS	1541 MEDICAL DR #105A	23 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	24 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/96 (904) 668-5607  
Date OS Phone #

CR2E034 (9/96)