

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 24 AM 8:26**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P94000020279 (3)**

1. Corporation Name

**J. I. SERVICES CORPORATION**

Principal Place of Business

Mailing Address

**4355 DRANE FIELD RD  
LAKELAND FL 33811**

**4355 DRANE FIELD RD  
LAKELAND FL 33811**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

**03/11/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

**59-3239672**

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

22

27

6. Election Campaign Financing

**\$5.00 May Be  
Added to Fees**

City & State

City & State

Trust Fund Contribution

23

28

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

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  
NAME **MOORE, WILLIAM R**  
STREET ADDRESS **4355 DRANE FIELD RD**  
CITY-ST-ZIP **LAKELAND FL 33811**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change  Addition

TITLE **D**  
NAME **MOORE, WILLIAM B**  
STREET ADDRESS **4355 DRANE FIELD RD**  
CITY-ST-ZIP **LAKELAND FL 33811**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change  Addition

TITLE **D**  
NAME **ROTH, S. LEE**  
STREET ADDRESS **4355 DRANE FIELD RD**  
CITY-ST-ZIP **LAKELAND FL 33811**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change  Addition

TITLE **D**  
NAME **CLYNE, JEFFREY A**  
STREET ADDRESS **4355 DRANE FIELD RD**  
CITY-ST-ZIP **LAKELAND FL 33811**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change  Addition

TITLE **D**  
NAME **HODGE, THOMAS M**  
STREET ADDRESS **4355 DRANE FIELD RD**  
CITY-ST-ZIP **LAKELAND FL 33811**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change  Addition

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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-3-95 (815) 646-1493**

Date

Telephone Number