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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 16 1997 8:00am

Secretary of State

(96/6)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # P96000019845 (2)

JOHN OF ALL TRADES & PRODUCTION, INC.

Principal Place of Business Mailing Address 1032 BEL AIRE DR. 1032 BEL AIRE DR. DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118-3635 3. Date Incorporated or Qualified 3a, Date of Last Report 03/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-33687*9* 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KROL. JOHN J . 1032 BEL AIRE DR. 82 Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32118 83 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 it am farquiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and tille if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition THILE 1.1 TITLE John J. KROL 1032 Bel Aire Orive NAV: 1.2 NAME STREET ADDRESS. 1.3 STREET ADORESS DAYTONA BEACH, FL 32/18-3635 14 CITY-ST-ZIP Addition DELETE 21 TITLE Change JII_F 22 NAME NAM 2.3 STREET ADDRESS STREET ACOURESS OHY-51-28 2. 4 CiTY - ST - ZiF Change DELETE Addition 3.1 TITLE TO LE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS Othr-ST 34. CITY-ST-ZIP Change DELETE Addition 4.1 TITLE THE 4. 2 NAME NAME: STREET ADDRESS 4.3 STREET ADDRESS CHTY - \$1 - ZIF 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE THUE 52 NAME 5.3 STREET ADDRESS STREET ADORESS 5 4 CITY - ST - ZIP SHY \$1-761 DELETE 6.1 TITLE ☐ Change Addition FILLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 0.05 - 8 - 719 14. Loo hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 inchapped, or organization with an address.