

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northon Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:11

DOCUMENT # J89438	(2)
1. Corporation Name JEFLAR, INC.	

Principal Place of Business 217 N. WESTMONTE SUITE 3019 217 N WEST MONTE STE 3019 ALTRAMONTE SPRINGS FL 32714	Mailing Address 217 N. WESTMONTE SUITE 3019 217 N WEST MONTE STE 3019 ALTRAMONTE SPRINGS FL 32714
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 499 S.E. 434 NORTH Suite, Apt. #, etc. 22 1001 City & State 23 ALTAMONTE SPRING, FL. Zip 24 32714		2a. Mailing Address 26 499 S.E. 434 NORTH Suite, Apt. #, etc. 27 1001 City & State 28 ALTAMONTE SPRING, FL. Zip 29 32714		3. Date Incorporated or Qualified 08/26/1987		3a. Date of Last Report 04/25/1994	
				4. FEI Number 59-2849593		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 YARMUTH, JEFFERY 217 N. WESTMONTE DRIVE 499 S.E. 434 NORTH SUITE 3019 SUITE 1001 ALTAMONTE SPRINGS FL 32714				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 FL 86 Zip Code			
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11. Pursuant to the provisions of Sections 007.0502 and 007.1508, 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 007.0505, Florida Statutes.

SIGNATURE _____ (Signature of registered agent or third party) (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
2. NAME	YARMUTH, JEFFERY	1.2 NAME	
3. STREET ADDRESS	1525 INDIAN DANCE CT.	1.3 STREET ADDRESS	
4. CITY-ST-ZIP	MAITLAND FL	1.4 CITY-ST-ZIP	
5. TITLE	SV	2.1 TITLE	☐ Change ☐ Addition
6. NAME	YARMUTH, BONNIE	2.2 NAME	
7. STREET ADDRESS	1525 INDIAN DANCE CT.	2.3 STREET ADDRESS	
8. CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP	
9. TITLE		3.1 TITLE	☐ Change ☐ Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-ST-ZIP		3.4 CITY-ST-ZIP	
13. TITLE		4.1 TITLE	☐ Change ☐ Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY-ST-ZIP		4.4 CITY-ST-ZIP	
17. TITLE		5.1 TITLE	☐ Change ☐ Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY-ST-ZIP		5.4 CITY-ST-ZIP	
21. TITLE		6.1 TITLE	☐ Change ☐ Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 or is changed, or on an attachment with an address.

SIGNATURE:  Jeffery T Yarmuth 1-23-95 (407) 862-2222