

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

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Landra B. Martin
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 260064 (1)

JAMANCO, INCORPORATED.

Principal Place of Business: **PO BOX 1805 TAMPA FL 33601**
Mailing Address: **PO BOX 1805 TAMPA FL 33601**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/18/1962** 3a. Date of Last Report: **03/01/1994**
4. FEI Number: **59-0972183** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**
City & State: **23** City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**SMITH, VANCE
215 MADISON ST.
TAMPA FL 33602**

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: CD	CORRAL, MANUEL I 1910 OAKMONT AVE. TAMPA FL
TITLE: VD	SMITH, SYLVIA V. 5018 THE RIVIERA TAMPA FL
TITLE: VD	O'BRIEN, PADRIC 3403 LAWN AVE. TAMPA FL
TITLE: SD	SHECKLER, ALLYSON E. 10219 GONE GROVE RD. RIVERVIEW FL <i>see change</i>
TITLE:	
TITLE:	
TITLE:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	c/o Smith 5018 THE RIVIERA
4.3 STREET ADDRESS	TAMPA, FL 33609
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(a), Florida Statutes. I further certify that the information included 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 this block or block 3 if change of or to an attachment with an addition.

SIGNATURE: *Sylvia Vega Smith*
PRINT NAME AND TYPED (OR PRINTED) NAME OF SIGNING OFFICER OR DIRECTOR

Date: *3/27/95* Chapter Fee: *286-88%*