

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

**APPROVED  
AND  
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95 MAR -1 PM 4:18

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  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

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

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                  | NAME: CORRAL, MANUEL I<br>STREET ADDRESS: 1910 OAKMONT AVE.<br>CITY, ST, ZIP: TAMPA FL            |
| TITLE: VD                  | NAME: SMITH, SYLVIA V.<br>STREET ADDRESS: 5018 THE RIVIERA<br>CITY, ST, ZIP: TAMPA FL             |
| TITLE: VD                  | NAME: O'BRIEN, PADRIC<br>STREET ADDRESS: 3403 LAWN AVE.<br>CITY, ST, ZIP: TAMPA FL                |
| TITLE: SD                  | NAME: SHECKLER, ALLYSON E.<br>STREET ADDRESS: 10219 GONE GROVE RD.<br>CITY, ST, ZIP: RIVERVIEW FL |
| TITLE:                     | NAME:   |
| TITLE:                     | NAME:   |

| 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  |  |
| 4.3 STREET ADDRESS                                    | c/o Smith 5018 THE RIVIERA   |
| 4.4 CITY-ST-ZIP                                       | TAMPA, FL 33609  |
| 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 Block 12 or Block 13 if change of or new addition with an addition.

SIGNATURE: *Sylvia Vega Smith*  
BLOCK 12 OR 13 AND TYPED (PRINTED) NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/27/95  
Filing Fee: 286.88%