FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 10:17

DOCUMENT # 302079 (9)

1. Corporation Name
JENSEN LANES, INCORPORATED

Principal Place of Business	Mailing Address
1701 CANORA DR P O BOX 1243 JENSEN BEACH FL 34958-1243	1701 CANORA DR P O BOX 1243 JENSEN BEACH FL 34958-1243

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/1966
3a. Date of Last Report: 04/22/1994

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

4. FEI Number: 59-1112094 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CASEY, MAUREEN 1357 N OCEAN BLVD. STUART FL 34996	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 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 _____ DATE
(Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	PETZ, MAURICE	12 NAME	
STREET ADDRESS	1357 N OCEAN BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	CASEY, MAUREEN	22 NAME	
STREET ADDRESS	1357 N OCEAN BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	CASEY, PATRICK	32 NAME	
STREET ADDRESS	1701 CANORA DR	33 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	PETZ, ROBERT	42 NAME	
STREET ADDRESS	3644 SW 16TH ST	43 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I (We) 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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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: Maureen Casey ✓ 3-9-95
(SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDENT OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

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