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

APPROVED AND FILED
95 MAY 11 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 303876 (7)

1. Corporation Name
J. B. DEVELOPMENT CORP.

Principal Place of Business
6741 S MILITARY TRL
LAKE WORTH FL 33463

Mailing Address
6741 S MILITARY TRL
LAKE WORTH FL 33463

3. Date Incorporated or Qualified: 04/11/1966
3a. Date of Last Report: 05/10/1994
4. FEI Number: 59-1145854 ☐ 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

2. Principal Place of Business: 21 ____
Suite, Apt #, etc.: 22 ____
City & State: 23 ____
Zip: 24 ____ Country: 25 ____

2a. Mailing Address: 26 ____
Suite, Apt #, etc.: 27 ____
City & State: 28 ____
Zip: 29 ____ Country: 30 ____

9. Name and Address of Current Registered Agent
MORSTADT, EDWARD G.
97 WEST PALMETTO ROAD
LAKE WORTH 33467

10. Name and Address of New Registered Agent
81 Name: WILLIAMSON, ROBERT
82 Street Address (P.O. Box Number is Not Acceptable): 10400 GRIFFIN Rd. #218
83
84 City: COOPER CITY FL 85 Zip Code: 33328

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 [signature] ROBERT WILLIAMSON 5/8/95

12. OFFICERS AND DIRECTORS

Field	Officer/Director
TITLE	PVD
NAME	WILLIAMSON, ROBERT
STREET ADDRESS	10400 GRIFFIN RD #210
CITY-ST-ZIP	COOPER CITY, FL 00000
TITLE	V
NAME	MORSTADT, EDWARD G.
STREET ADDRESS	97 WEST PALMETTO ROAD
CITY-ST-ZIP	LAKE WORTH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Six blocks, each: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, with ☐ Change ☐ Addition — all blank)

14. I do 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 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 changed, or on an attachment with an address.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 5/8/95 Daytime Phone #: 305)434-7925

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