

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:23

DOCUMENT # 328163 (1)

1. Corporation Name
JAMES T. CORP.

Principal Place of Business
8737 SOUTHWEST 132 STREET
MIAMI FL 33176

Mailing Address
8737 SOUTHWEST 132 STREET
MIAMI FL 33176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/27/1968	3a. Date of Last Report 03/22/1994
4. FEI Number 59-1216310	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Disclosures Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.042, Florida Statutes. ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent

THOMAS, JAMES P.
8737 SW 132 STREET
MIAMI FL

10. Name and Address of New Registered Agent

01. Name
02. Street Address (P.O. Box Number is Not Acceptable)
03.
04. City
05. FL 06. Zip Code

11. Pursuant to the provisions of Sections 607.0503 and 607.1504, 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 this corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE _____
Signature is the printed name of registered agent and must appear on _____
Signature is the printed name of registered agent and must appear on _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS, DIRECTORS, AND REGISTERED AGENTS	
NAME	PD THOMAS, JAMES P. 11570 SW 95 AVE MIAMI FL	NAME	D HIRSCHORN, JOE CITY NAT'L BLDG. (Delete) MIAMI, FL 33176
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
NAME	D HIRSCHORN, JOE CITY NAT'L BLDG. MIAMI FL	NAME	S/T/D THOMAS, DEREDA 11570 S.W. 95 AVE MIAMI, FL 33176
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
NAME	ST THOMAS, DEREDA 11570 SW 95 AVE MIAMI, FL 00000	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption under Chapter 119.01, Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that my signature shall serve the same legal effect as if made under oath, that I am an officer or director of the corporation at the time of filing this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an enclosure.

SIGNATURE: James P. Thomas James P. Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
1-9-95 305-238-1598
Date Telephone No.