FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA

APPROVED AND FILED

95 MAY -1 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **361830** **(3)**

1. Corporate Name
POINCIANA NEW TOWNSHIP, INC.

Principal Place of Business
P.O. BOX 526000
MIAMI FL 33152

Mailing Address
P.O. BOX 526000
MIAMI FL 33152

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/27/1970**

3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business
21 **255 ALHAMBRA CIRCLE**
22 Suite Apt. # etc.
23 City & State: **CORAL GABLES, FL**
24 Zip: **33134**
25 Country: **USA**

2a. Mailing Address
26
27
28
29
30

4. FEI Number: **59-1288187** ☐ 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 § 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KERRIGAN, JUANITA I.
255 ALHAMBRA CIR
9TH FL
CORAL GABLES FL 33134

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 607.325, 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 this 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

12. OFFICER AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	MCNAIRY, CHARLES	NAME	
STREET ADDRESS	255 ALHAMBRA CIR.	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	GETMAN, DENNIS J.	NAME	
STREET ADDRESS	255 ALHAMBRA CIR.	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	
TITLE	VSD	TITLE	☐ Change ☐ Addition
NAME	KERRIGAN, JUANITA I.	NAME	
STREET ADDRESS	255 ALHAMBRA CIR.	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	
~~TITLE~~	~~VSD~~	TITLE	V ☒ Change ☐ Addition
NAME	COUGHENOUR, JEANETTE	NAME	
STREET ADDRESS	255 ALHAMBRA CIR.	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	
~~TITLE~~	~~VT~~	TITLE	T ☐ Change ☒ Addition
~~NAME~~	~~VANOPOULOS, JOHN~~	NAME	SOPSHIN, JEFFREY
STREET ADDRESS	255 ALHAMBRA CIR S800	STREET ADDRESS	255 ALHAMBRA CIRCLE
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	CORAL GABLES, FL
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I further certify that the information supplied with this report, pursuant to law, 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 added above.

SIGNATURE: Juanita I. Kerrigan Secretary 4/26/95 (305) 442-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
JUANITA I. KERRIGAN

042802 FP

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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 362370 (9)

1. Corporation Name

JEBCO ENTERPRISES, INC.

Principal Place of Business: 9471 BAYMEADOWS RD #308, JACKSONVILLE FL 32256-0152

Mailing Address: 9471 BAYMEADOWS RD #308, JACKSONVILLE FL 32256-0152

3. Date Incorporated or Qualified: 04/09/1970

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-1320663 — ☐ Applied For ☐ Not Applicable

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) County (25) — Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent

BULLARD, JAMES E
9471 BAYMEADOWS RD #308
JACKSONVILLE FL 32216

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BULLARD, JAMES E
STREET ADDRESS	4817 YACHT CLUB ROAD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	BULLARD, LINDA L
STREET ADDRESS	4817 YACHT CLUB ROAD
CITY-ST-ZIP	JACKSONVILLE 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 blank entries, each with TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP and ☐ Change ☐ Addition)

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(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: James E. Bullard Pres. — James E. Bullard — 4/7/95 — 904-636-9997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021816 CP