

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 362725

(4)

1. Corporation Name
JARVI CORP & ASSOCIATES

Principal Place of Business
250 MT. LEBANON BOULEVARD
PITTSBURGH PA 15234-1247
US

Mailing Address
250 MT. LEBANON BOULEVARD
PITTSBURGH PA 15234-1252
US

3. Date Incorporated or Qualified
12/04/1972

3a. Date of Last Report
04/10/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number
59-1296175

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

9. Name and Address of Current Registered Agent

BLODGETT, GARY R.
16404 BRIDLEWOOD CIRCLE
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name GARY R. Blodgett
82 Street Address (P.O. Box Number is Not Acceptable)
15905 Barnstormer Court
83
84 City wellington FL 85 Zip Code 33414-8302

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 *Gary R. Blodgett* GARY R. Blodgett P/D 9 JANUARY 1997
Signature of the person named as registered agent, or if not applicable, (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GARY R. BLODGETT	
STREET ADDRESS	16404 BRIDLEWOOD CIRCLE	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS R. BLODGETT	
STREET ADDRESS	111 PLEASANT AVENUE	
CITY - ST - ZIP	MCMURRAY PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STACY A. BLODGETT	
STREET ADDRESS	38 CHESLOCK RD	
CITY - ST - ZIP	CANONSBURG PA	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	BLODGETT, ELIZABETH J	
STREET ADDRESS	141 JONATHAN DR	
CITY - ST - ZIP	MCMURRAY PA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GARY R. Blodgett	
1.3 STREET ADDRESS	15905 Barnstormer Court	
1.4 CITY - ST - ZIP	wellington FL 33414-8302	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Thomas R. Blodgett	
2.3 STREET ADDRESS	915 Fourth Street	
2.4 CITY - ST - ZIP	Canonsburg PA 15317	
3.1 TITLE	Stacey A. Barbary KA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	1533 obey Street	
3.4 CITY - ST - ZIP	Pittsburgh PA 15205	
4.1 TITLE	T/S/C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Elizabeth J Blodgett	
4.3 STREET ADDRESS	145 Jonathan Drive	
4.4 CITY - ST - ZIP	MCMURRAY PA 15317-3066	
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 do hereby certify that the information supplied with this filing 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: *Gary R. Blodgett* GARY R. Blodgett 9 JANUARY 1997 561-790-4502
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone

CR2E034 (9/96)

0007400