FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 2-23-95 B-1613-C

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 FEB 28 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **365696** **(4)**

1. Corporation Name
JIM PLESS & CO., INC.

Principal Place of Business	Mailing Address
3815 SWANN AVE TAMPA FL 33609 US	PO BOX 10186 TAMPA FL 33679-0186 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/15/1970
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business	2a. Mailing Address
21 5211 W. Laurel St.	26 P. O. Box 30719
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Tampa, Florida	28 City & State: Tampa, Florida
24 Zip: 33607-1736 25 Country: US	29 Zip: 33630-3719 30 Country: US

4. FEI Number: 59-1299688 ☐ 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	10. Name and Address of New Registered Agent
PLESS,JAMES A 3815 SWANN AVE TAMPA FL 33609	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 5211 W. Laurel Street 83 84 City: Tampa FL 85 Zip Code: 33607

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	XX Change ☐ Addition
NAME	PLESS, CHARLOTTE E	1.2 NAME	
STREET ADDRESS	3815 SWANN AVE	1.3 STREET ADDRESS	5211 W. Laurel Street
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, Florida 33607
TITLE	PD	2.1 TITLE	XX Change ☐ Addition
NAME	PLESS, JAMES A	2.2 NAME	
STREET ADDRESS	3815 SWANN AVE	2.3 STREET ADDRESS	5211 W. Laurel Street
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, Florida 33607
TITLE	V	3.1 TITLE	XX Change ☐ Addition
NAME	PLESS, REED L.	3.2 NAME	
STREET ADDRESS	3944 FOUNTAINBLEAU DR.	3.3 STREET ADDRESS	5211 W. Laurel Street
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, Florida 33607
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Jim Pless 2/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0444848 FP