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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:12

DOCUMENT # **442401** **(6)**

1. Corporation Name

JERRY'S OF OKALOOSA COUNTY, INC.

Principal Place of Business	Mailing Address
1500 N. FLORIDA MANGO RD., #19 P.O. BOX 24618 WEST PALM BEACH FL 33416-1618	1500 N. FLORIDA MANGO RD., #19 P.O. BOX 24618 WEST PALM BEACH FL 33416-1618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/10/1974
3a. Date of Last Report: 03/01/1994

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

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

4. FEI Number: 59-1580155 ☐ 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

CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD
1600 MIAMI CTR
MIAMI FL 33131

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City — **FL** — 05 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: _____ (Signature of new registered agent, if changed) (NOTE: Registered Agent's signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	PENDERGAST, GERARD, JR.	12 NAME	
STREET ADDRESS	1500 FLORIDA MANGO ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	PENDERGAST, LAURA	22 NAME	
STREET ADDRESS	1500 FLORIDA MANGO ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	RHODES, KAREN P.	32 NAME	
STREET ADDRESS	1500 FLORIDA MANGO ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	PENDERGAST, PAULA	42 NAME	
STREET ADDRESS	1500 FLORIDA MANGO ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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] 2.6.95 407-689-8611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0203201 CP