

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

DOCUMENT # 457454 (7)

1. Corporation Name
JASON CORP.

95 JAN 17 AM 11:57

Principal Place of Business Mailing Address
860 KERRY DOWNS CIR. MELBOURNE FL 32940

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/19/1974** 3a. Date of Last Report **07/06/1994**

2. Principal Place of Business 2b. Mailing Address
3815 N. US #1 Suite 4P same

4. FEI Number **59-1561204** Applied For Not Applicable

22. City & State **COCOA, FL.** 27. City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. Zip **32926** 28. Zip

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Country **USA** 29. Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**REINMAN, JAMES, ATTORNEY
1825 S. RIVERVIEW DRIVE
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

B1 Name **same**
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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

12. OF OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 P
NAME **SCARP, TOM**
STREET ADDRESS **860 KERRY DOWNS CIRCLE**
CITY, ST, ZIP **MELBOURNE FL**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

1 V
NAME **SCARP, SARA D**
STREET ADDRESS **860 KERRY DOWNS CIRCLE**
CITY, ST, ZIP **MELBOURNE FL**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

1 T
NAME **SCARP, JOSEPH P** *Delete*
STREET ADDRESS **7477 CAMPO FLORIDA**
CITY, ST, ZIP **BOCA RATON FL**

31 TITLE Change Addition
32 NAME **Robert William Benson Jr.**
33 STREET ADDRESS **4306 Horseshoe Bend Rd.**
34 CITY, ST, ZIP **Merritt Isl. FL- 32953**

1 V
NAME **LANG, BERYL G**
STREET ADDRESS **1010 BUTIA STREET**
CITY, ST, ZIP **MERRITT ISLAND FL**

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

1
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

1
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
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 exemption stated in Section 190.07(2)(b), 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 directly by me as 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 any attachment with an address.

SIGNATURE *Tom Scarp Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-95 407 631 5393