

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # 475037 (8)

1. Corporation Name
JEPST, INC.



Principal Place of Business

13700 GANNET DRIVE
DAVIS RD.
FORT MYERS FL 33908

Mailing Address

13700 GANNET DRIVE
DAVIS RD.
FORT MYERS FL 33908

3. Date Incorporated or Qualified

04/29/1975

3a. Date of Last Report

02/14/1995

2. Principal Place of Business

21 13700 Gannet Dr.

Suite, Apt. #, etc.

22 City & State
23 Ft. Myers Fl.

24 Zip
33908

25 Country

2a. Mailing Address

26 13700 Gannet Dr.

Suite, Apt. #, etc.

27 City & State
28 Ft. Myers Fl.

29 Zip
33908

30 Country

4. FEI Number

59-1614313

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

JACKSON, C. MICHAEL
1415 HENDRY ST.
FT MYERS FL 33902

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
TROLAND, E. PARKER
STREET ADDRESS 13700 GANNET DRIVE
CITY-ST-ZIP FT. MYERS, FL

TITLE ☐ DELETE

NAME D
TROLAND, JEAN S
STREET ADDRESS 13700 GANNET DRIVE
CITY-ST-ZIP FT. MYERS FL

TITLE ☐ DELETE

NAME D
TROLAND, NANCY JEAN
STREET ADDRESS 18 OCEAN VIEW DR.
CITY-ST-ZIP HINGHAM MA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D
TROLAND, NANCY JEAN
309 BLACK POINT ROAD
SCARBOROUGH ME 04074

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

E. Parker Troland

E. Parker Troland

2/10/96

941-466-7876

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)