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

APPROVED AND FILED
95 MAY -1 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 512960 (6)

1. Corporation Name
J-4, INC.

Principal Place of Business	Mailing Address
PERRY STREET 62 POMONA PK FL	PERRY STREET 62 POMONA PK FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/24/1976	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 PERRY STREET	26 P.O. Box 62, Pomona Park
Suite, Apt. #, etc. 22 211 P	Suite, Apt. #, etc. 27 ~~P.O. BOX 62~~
City & State 23 POMONA PARK, FL	City & State 28 POMONA PARK, FL
Zip / Country 24 32181 / 25 ~~POMONA~~ US	Zip / Country 29 32181 / 30 US

4. FEI Number: 35-1125966 — ☐ 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
DAVIS, ROBERT D 109 W RICH AVE POB 3903 DELAND FL 32723 CHANGE OF ADDRESS →	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 809 EASTOVER 83 (P.O. BOX 3903) 84 City: DELAND FL 85 Zip Code: 32724

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 _____ (NOTE: Registered Agent signature required when applicable) (DATE)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P NAME FOERSTER, JAMES A. STREET ADDRESS 211 PERRY STREET CITY ST ZIP POMONA PARK FL Present 4/25/95 J-4.	11 TITLE P ☒ Change ☐ Addition 12 NAME FOERSTER, SAMUEL F. 13 STREET ADDRESS 211 PERRY STREET 14 CITY ST ZIP POMONA PARK FL 32181
TITLE ~~ST~~ NAME FOERSTER, CATHERINE F. STREET ADDRESS 211 PERRY STREET CITY ST ZIP POMONA PARK FL	21 TITLE V.P. S. ☐ Change ☒ Addition 22 NAME FOERSTER, THOMAS J 23 STREET ADDRESS 211 PERRY ST 24 CITY ST ZIP POMONA PARK, FL 32181
TITLE NAME ~~FOERSTER, SAMUEL F.~~ STREET ADDRESS CITY ST ZIP	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP
TITLE P NAME FOERSTER, SAMUEL F. STREET ADDRESS 211 PERRY STREET CITY ST ZIP POMONA PARK FL 32181	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP
TITLE VP NAME FOERSTER, THOMAS J STREET ADDRESS 211 PERRY STREET CITY ST ZIP POMONA PARK FL 32181	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP
TITLE 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 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: James A. Foerster (JAMES A. FOERSTER) Pres. 4/25/95 904-649-4961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0493118 IN