

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 545016

(8)

1. Corporation Name

J.P. STRATTON, INC.



Principal Place of Business

3624 DEL PRADO BLVD.
CAPE CORAL FL 33904

Mailing Address

3624 DEL PRADO BLVD.
CAPE CORAL FL 33904

3. Date Incorporated or Qualified
09/07/1977

3a. Date of Last Report
01/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRATTON, JOANNE
3624 DEL PRADO BLVD.
CAPE CORAL FL

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 of person to have responsibility for filing with the corporation

Signature of Registered Agent (Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

P
STRATTON, JOANNE P
462 TUDOR DRIVE
CAPE CORAL FL
ST
STAMBOULY, CARL
1222 SW 18TH TERRACE
CAPE CORAL FL
D
ADLER, SID
462 TUDOR DR
CAPE CORAL FL

DELETE

DELETE

DELETE

DELETE

DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. 1. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. 1. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. 1. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. 1. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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: JoAnne P. Stratton President 1/16/96 813-542-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Time Phone

CR2E034 (12/95)