SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 19 PM 12:19

DOCUMENT # **567025** **(2)**

1. Corporation Name
JAMEVA, INCORPORATED

Principal Place of Business	Mailing Address
8009 STARK AVE ~~P O BOX 19427~~ N/A PENSACOLA FL 32514	8009 STARK AVE ~~P O BOX 19427~~ N/A PENSACOLA FL 32514

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/27/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1901155 ☐ 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

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

CRAWFORD, EVA A
8009 STARK AVE
PENSACOLA FL 32514

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 Eva A. Crawford No change! Sorry! DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name/address changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~SD~~	11 TITLE	☐ Change ☐ Addition
NAME	~~CRAWFORD, JAMES F~~ deceased	12 NAME	
STREET ADDRESS	~~8009 STARK DR~~	13 STREET ADDRESS	
CITY-ST-ZIP	~~PENSACOLA, FL 00000 FL 32514~~	14 CITY-ST-ZIP	
TITLE	PTD	21 TITLE	☐ Change ☐ Addition
NAME	CRAWFORD, EVA A	22 NAME	
STREET ADDRESS	8009 STARK DR	23 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 00000 FL 32514	24 CITY-ST-ZIP	
TITLE	VD S	31 TITLE	☐ Change ☐ Addition
NAME	CRAWFORD, THOMAS M	32 NAME	
STREET ADDRESS	~~1409 ESTATE DR~~ 37 AFFILDT DR.	33 STREET ADDRESS	
CITY-ST-ZIP	~~BOALSBURG PA~~ GROTON CT. 06340	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	CRAWFORD, LAURIE	42 NAME	
STREET ADDRESS	~~1409 ESTATE DR~~ 37 AFFILDT DR.	43 STREET ADDRESS	
CITY-ST-ZIP	~~BOALSBURG PA 16827~~ GROTON, CT, 06340	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	CRAWFORD, DEBRA J	52 NAME	
STREET ADDRESS	3805 WILKES RD.	53 STREET ADDRESS	
CITY-ST-ZIP	PACE FL	54 CITY-ST-ZIP	
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	CRAWFORD, JAMES A	62 NAME	
STREET ADDRESS	20 GREENBRIAR CT.	63 STREET ADDRESS	
CITY-ST-ZIP	MYSTIC CT	64 CITY-ST-ZIP	

CR2E034 (3/95)

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: EVA A CRAWFORD Eva A. Crawford June 14 904/478-4688
SIGNATURE AND TYPED OR PRINTED NAME OF EVANING OFFICER OR DIRECTOR — Date — Daytime Phone #

0173120 FP