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 MAR -6 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **578301** **(4)**

1. Corporation Name
JANSEN & SONS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
402 SUBSTATION RD UNIT A VENICE FL 34292	402 SUBSTATION RD UNIT A VENICE FL 34292

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/01/1978	3a. Date of Last Report: 03/22/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

4. FEI Number: 59-1832911 ☐ 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

JANSEN, PHILLIP
2814 NORWOOD LANE
VENICE FL 34292

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☒ Change ☐ Addition
NAME	JANSEN, PHILLIP	12 NAME		
STREET ADDRESS	628 N. MICHIGAN DR.	13 STREET ADDRESS	2814 NORWOOD LANE	
CITY-ST-ZIP	VENICE FL	14 CITY-ST-ZIP	34292	
TITLE	V	21 TITLE		☒ Change ☐ Addition
NAME	JANSEN, SUSAN	22 NAME		
STREET ADDRESS	628 N. MICHIGAN DR.	23 STREET ADDRESS	2814 NORWOOD LANE	
CITY-ST-ZIP	VENICE FL	24 CITY-ST-ZIP		
TITLE	VP	31 TITLE		☒ Change ☐ Addition
NAME	SCHREIVER, STEVEN	32 NAME		
STREET ADDRESS	1012 PARK ESTATES SQUARE	33 STREET ADDRESS	585 PARK ESTATES SQ	
CITY-ST-ZIP	VENICE FL	34 CITY-ST-ZIP	34293	
TITLE	VP	41 TITLE		☒ Change ☐ Addition
NAME	SULLIVAN, MIKE	42 NAME		
STREET ADDRESS	3724 FAIRCHILD	43 STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT FL	44 CITY-ST-ZIP	34287	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I/We 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 with an address, with the exception of the name of the registered agent, with an address.

SIGNATURE: PHILLIP JANSEN (813) 485 5471
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — (Daytime Phone #)

0048166 CP