

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # 617061

(7)

95 MAY -1 PM 2:55

1. Corporation Name

JA-NO INCORPORATED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~4183 PLAYER CIR
ORLANDO FL 32808~~

Mailing Address

~~4183 PLAYER CIR
ORLANDO FL 32808~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1979

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 4316 W. SR 46

Suite, Apt. #, etc.

2a. Mailing Address

26 1100 Fieldwood Blvd.

Suite, Apt. #, etc.

4. FEI Number

59-2007983

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

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Suite, Apt. #, etc.

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Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

City & State

23 Sanford, FL

Zip Country

24 32771

25 Seminole

City & State

28 Lake Mary, FL

Zip Country

29 32746

30 Seminole

9. Name and Address of Current Registered Agent

MATTS, DONALD G
4183 PLAYER CIR
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name

Michael B. Myers

82 Street Address (P.O. Box Number is Not Acceptable)

1100 Fieldwood Blvd.

83

84 City

Lake Mary

FL

85 Zip Code

32746

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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

Michael B. Myers, President

Michael B. Myers

4/28/95

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	PD-
2. NAME	MATTS, DONALD G.
3. STREET ADDRESS	4183 PLAYER CIRCLE
4. CITY, ST, ZIP	ORLANDO FL
1. TITLE	CD-
2. NAME	MATTS, JAMES A.
3. STREET ADDRESS	3728 GREEN SPRING RD.
4. CITY, ST, ZIP	HARVE DE GRACE MD.
1. TITLE	D-
2. NAME	MATTS, MRS. A.G.
3. STREET ADDRESS	5111 LEXINGTON ST.
4. CITY, ST, ZIP	ERIE PA.
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	☐ Change ☒ Addition
1.2 NAME	Michael B. Myers	
1.3 STREET ADDRESS	1100 Fieldwood Blvd.	
1.4 CITY, ST, ZIP	Lake Mary, FL 32746	
2.1 TITLE	V/P	☐ Change ☒ Addition
2.2 NAME	Jacqueline Myers	
2.3 STREET ADDRESS	1100 Fieldwood Blvd.	
2.4 CITY, ST, ZIP	Lake Mary, FL 32746	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
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 119.02(3)(b), 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: *Michael B. Myers*

Michael B. Myers

4/28/95

407/339-0622