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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

656956 DOCUMENT # 1. Corporation Name

(0)

J. L. 100	UREN INC.								
Principal Place of	Business	Mailing Address							
19248 PHILLIPS RD. BROOKSVILLE FL 34609		19248 PHILLIPS ROAD BROOKSVILLE FL 34609							
US		U\$				3. Date incorporated or Qualified 02/25/1980		of Last Re 5/01/19	95
2. Principa! Place	e of Business	2a. Mailing Address				4. FEI Number		-	Applied For
21		26				59-3109165			Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution			0 May Be
23		28	Cou	onte.		This corporation has liability for it.	ntangible ta		
Z.ip	Country	Ζφ 29	30	пигу		Florida Statutes Yes			
24	9. Name and Address of Curre		1,901	[10. Name and Address of New R	egistered	Agent	
	3, 140.110		,	81	Name				
TUCKER,					Street Addr	ess (P.O. Box Number is Not Acceptable)			
	HILLIPS RD. VILLE FL FL 34609			83				-	
BHOOKS	AILTE LT LT 24009			84	O.t			85 Z	p Code
				1 1	City	ration submits this statement for the pu	FL	. `	
	ografuse, typed or print or nable of registered age. OFFICERS Af	ND DIRECTORS	NOTE Registere	i Ajest	garpital institution	ADDITIONS/CHANGES TO OFF			
12.	STD			1 1 TITLE				☐ Change	Addition
NAME	TUCKER, LINDA L		1 2 N	4AME					
STREET ADDRESS	19248 PHILLIPS ROAD		1.3 9	STREET	ADDRESS				
CITY+ST-Z:P	BROOKSVILLE FL			3-14 - 51 7-74 5	· 71P			Change	[Addition
TITLE	PD IAV I			TI'LE MANG					
NAME	TOOKER, OKT E			2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS	BROOKSVILLE FL			CHY-SI					
CITY - ST - 7-P TITLE	O TOO TOO TOO	DELETE		TITLE				Change	☐ Addition
NAME	i		321	NAME	İ				
STREET ADDRESS					ADDRESS:				
City-St-ZP		DELETE		CITY S T.I.E	1 · 21P			Change	Addition
TITLE				NAME					
NAME					ADORESS				
STREET ADDRESS City-St-Zip			44	CITY - S	E-ZiP				
TITLE		☐ DELETE	5 1	THLE				Cnange	Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP		[] DELETE		CHY-S	I - ZIF		···——	Change	e Addition
TITLE		□ nereie		1 TILE NAME				_ ,	_
NAME					ADDRESS				
STREET ADDRESS			6.4	CITY S	1 26				
CHY-ST-ZIP 14 Ldo bereb	I gertify that the information supplied	ci with this filing is voluntarily f	furnished an	id doe	s not qualify	for the exemption stated in Section 11	9.07(3)(k), l	Florida Sta	tutes. I fürther slit made under

Too hereby certify that the information supplies wherein him is voluntarily runnished and oces not quality for the exemption stated in Section 118-07 parts, frontial stated in the same legal effect as if made under certify that the information indicated on this arminal 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 this corporation or the receiver or trusted 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: SIGNATURE AND PIPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-94 (352) 196-5238