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 MAY -1 AM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **684440** **(1)**

1. Corporation Name
NEED-A-JON, INC.

Principal Place of Business	Mailing Address
3311 S FORGES RD P.O. BOX 187 SYDNEY FL 33587-7187 US	3311 S FORBES RD P.O. BOX 187 SYDNEY FL 33587-7187 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/12/1980
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business	2a. Mailing Address
21 3311 S. FORBES Rd	26
Suite, Apt. #, etc. 22 PO Box 187	Suite, Apt. #, etc. 27 PO Box 187
City & State 23 SYDNEY, FL	City & State 28 SYDNEY, FL
Zip / Country 24 33587-0187 25 US	Zip / Country 29 33587-0187 30 US

4. FEI Number: 59-2019848 ☐ 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	10. Name and Address of New Registered Agent
REDMAN, JAMES L 306 WEST REYNOLDS STREET PLANT CITY 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 Albert L. Varnadore ALBERT L. VARNADORE, PRESIDENT 4/26/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☑ Change ☐ Addition
NAME	VARNADORE, ALBERT LEWIS	12 NAME	VARNADORE, ALBERT LEWIS
STREET ADDRESS	3208 S. FORBES. RD.	13 STREET ADDRESS	3311 S. FORBES Rd
CITY-ST-ZIP	DOVER, FL 00000	14 CITY-ST-ZIP	DOVER, FL 33527
TITLE	S	21 TITLE	S/T ☑ Change ☐ Addition
NAME	VARNADORE, MARY M	22 NAME	VARNADORE MARY M.
STREET ADDRESS	3311 S FORBES RD	23 STREET ADDRESS	3208 S. FORBES Rd
CITY-ST-ZIP	DOVER, FL 00000	24 CITY-ST-ZIP	DOVER, FL 33527
TITLE	VD	31 TITLE	VD ☑ Change ☐ Addition
NAME	VARNADORE, GWENDAL D	32 NAME	VARNADORE, GWENDAL D.
STREET ADDRESS	3311 S. FORBES RD.	33 STREET ADDRESS	3208 S. FORBES Rd
CITY-ST-ZIP	DOVER, FL 00000	34 CITY-ST-ZIP	DOVER, FL 33527
TITLE	T	41 TITLE	☑ Change ☐ Addition
NAME	VARNADORE, PAMELA M	42 NAME	DELETE
STREET ADDRESS	3208 S FORBES RD	43 STREET ADDRESS	
CITY-ST-ZIP	DOVER FL	44 CITY-ST-ZIP	
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 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: Albert L. Varnadore ALBERT L. VARNADORE PRESIDENT 4/26/95 813/689-9283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #

0442176 FP