

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 760943

(1)

1. Corporation Name

JOFINA HOMES, INC.

Principal Place of Business

**1975 HEINRICH ST.
PENSACOLA FL 32507**

Mailing Address

**1975 HEINRICH ST.
PENSACOLA FL 32507**



3. Date Incorporated or Qualified
12/07/1981

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ESTARES, ESTELA R.
6848 LAKE JOANNE DRIVE
PENSACOLA FL 32506**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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** ☐ DELETE
NAME **ESTARES, ESTELA R.**
STREET ADDRESS **6848 LAKE JOANNE DRIVE**
CITY-ST-ZIP **PENSACOLA FL**

1.1 TITLE **Rheutelia REED** ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **ESTARES, CONRADO JR**
STREET ADDRESS **6848 LAKE JOANNE DRIVE**
CITY-ST-ZIP **PENSACOLA FL**

2.1 TITLE **Treasurer / Trustee** ☐ Change ☒ Addition
2.2 NAME **Rheutelia REED**
2.3 STREET ADDRESS **4482 Rochelle DR.**
2.4 CITY-ST-ZIP **Pensacola, FL 32505**

TITLE **TD** ☒ DELETE
NAME **ESTARES, ELAINA R.**
STREET ADDRESS **6848 LAKE JOANNE DR**
CITY-ST-ZIP **PENSACOLA FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **RELOVA, PATRICIA**
STREET ADDRESS **8212 TOBALD LANE**
CITY-ST-ZIP **PENSACOLA FL**

4.1 TITLE **300001737693** ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **-03/08/96--01109--002**
4.4 CITY-ST-ZIP *****61.25**

TITLE **D** ☐ DELETE
NAME **RELOVA, OSCAR**
STREET ADDRESS **8212 TABAID LANE**
CITY-ST-ZIP **PENSACOLA FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **GAYO, PATRICIA**
STREET ADDRESS **7105 REDONDO DRIVE**
CITY-ST-ZIP **PENSACOLA FL**

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Estela Estares*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-96

904 455-5192

Date

Daytime Phone #

CR2E037 (12/95)