

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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 10 PM 1:25

DOCUMENT # F44111**(5)**

1. Corporation Name

JARVAL, INC.

Principal Place of Business

**306 E. OLYMPIA AVE.
P.O. BOX 400
PUNTA GORDA FL 33951-0400**

Mailing Address

**306 E. OLYMPIA AVE.
P.O. BOX 400
PUNTA GORDA FL 33951-0400**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/04/1981

3a. Date of Last Report

03/08/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

25

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

Zip

Country

29

Zip

Country

4. FEI Number

59-2240252

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐**\$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

**SAFRON, ELWOOD P.
306 E. OLYMPIA AVE.
P.O. BOX 400
PUNTA GORDA FL 33951-0400**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DV
NAME	MANLEY, GAIL
STREET ADDRESS	306E OLYMPIA AVE
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	DT
NAME	JANATA, VALERIE
STREET ADDRESS	IM ALTWICK 27, 7637 ETTE
CITY-ST-ZIP	W GERMANY
TITLE	DV
NAME	JANATA, PAVEL
STREET ADDRESS	IM ALTWICK 27, 7637 ETTE
CITY-ST-ZIP	W GERMANY
TITLE	DP
NAME	JANATA, DR J
STREET ADDRESS	IM ALTWICK 27, 7637 ETTE
CITY-ST-ZIP	W GERMANY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gail Manley

2-3-95

(813) 639-3171

Date

Daytime Phone #