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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F44111** **(5)**

1. Corporation Name

JARVAL, INC.

Principal Place of Business	Mailing Address
306 E. OLYMPIA AVE. P.O. BOX 400 PUNTA GORDA FL 33951-0400	306 E. OLYMPIA AVE. P.O. BOX 400 PUNTA GORDA FL 33951-0400

3. Date Incorporated or Qualified: **09/04/1981**
3a. Date of Last Report: **02/10/1995**

2. Principal Place of Business
21 22130 Malone Avenue
22 Suite, Apt. #, etc.
23 City & State: Port Charlotte,Fl.
24 Zip: 33952 25 Country: USA

2a. Mailing Address
26 22130 Malone Avenue
27 Suite, Apt. #, etc.
28 City & State: Port Charlotte, Fl.
29 Zip: 33952 30 Country: USA

4. FEI Number: **59-2240252** ☐ 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

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: Gail Manley
82 Street Address (P.O. Box Number is Not Acceptable): 22130 Malone Avenue
83
84 City: Port Charlotte FL 85 Zip Code: 33952

11. Pursuant to the provisions of Sections 607.0505 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: GAIL MANLEY Gail Manley 3/4/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent must sign if appointed in this report) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MANLEY, GAIL 306E OLYMPIA AVE PUNTA GORDA FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DV MANLEY, GAIL 22130 MALONE AVENUE PORT CHARLOTTE,FL., 33952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT JANATA, VALERIE IM ALTWICK 27, 7637 ETTE W GERMANY	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	DT JANATA, VALERIE 25164 Klokocna c.1 Czech Republik	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV JANATA, PAVEL IM ALTWICK 27, 7637 ETTE W GERMANY	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	DV JANATA, PAVEL JAN 25164 Klokocna c.1 Czech Republik	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP JANATA, DR J IM ALTWICK 27, 7637 ETTE W GERMANY	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	DP JANATA, JAROMIR 25164 Klokocna c.1 Czech Republik	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gail Manley Gail Manley, Vice President 3/4/96 (941) 639-3171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #