FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jan 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
22130 MALONE AVE.
PORT CHARLOTTE FL ~~33592~~ 33952

Mailing Address
22130 MALONE AVE.
PORT CHARLOTTE FL ~~33952-2085~~ 33952

3. Date Incorporated or Qualified: 09/04/1981
3a. Date of Last Report: 03/08/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24: 33952 — Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29: 33952 — Country — 30

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
MANLEY, GAIL
22130 MALONE AVE.
PORT CHARLOTTE FL ~~33592~~ 33952

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title, if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE	D/V/S	☒ Change ☒ Addition
NAME	MANLEY, GAIL		1.2 NAME	Manley, Gail	
STREET ADDRESS	22130 MALONE AVE.		1.3 STREET ADDRESS	22130 Malone Ave.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33592		1.4 CITY-ST-ZIP	Port Charlotte,Fl., 33952	
TITLE	DT	☐ DELETE	2.1 TITLE	D/T	☒ Change ☐ Addition
NAME	JANATA, VALERIE		2.2 NAME	Janata, Valerie	
STREET ADDRESS	25164 KLOKOČNA C. L.		2.3 STREET ADDRESS	25164 Klokočná, Č.1.	
CITY-ST-ZIP	CZECH. REPUBLIC.		2.4 CITY-ST-ZIP	Czech. Republic	
TITLE	DV	☐ DELETE	3.1 TITLE	D/V	☒ Change ☐ Addition
NAME	JANATA, PAVEL JAN		3.2 NAME	Janata, Paval, Jan	
STREET ADDRESS	25164 KLOKOČNA C. L.		3.3 STREET ADDRESS	25164 Klokočná, Č.1.	
CITY-ST-ZIP	CZECH. REPUBLLIC		3.4 CITY-ST-ZIP	Czech. Republic	
TITLE	DP	☐ DELETE	4.1 TITLE	D/P	☒ Change ☐ Addition
NAME	JANATA, JAROMIR		4.2 NAME	Janata, Jaromir	
STREET ADDRESS	25164 KLOKOČNA C. L.		4.3 STREET ADDRESS	25164 Klokočná, Č.1.	
CITY-ST-ZIP	CZECH. REPUBLIC		4.4 CITY-ST-ZIP	Czech. Republic	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Gail Manley — GAIL MANLEY Vice President — January 5, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0403893