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May 28 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 # **F68867** (3)

1. Corporation Name
FRAMED BY J.R., INC.



Principal Place of Business
**P.O. BOX 617017
ORLANDO FL 32861-7017**

Mailing Address
**P.O. BOX 617017
ORLANDO FL 32861-7017**

3. Date Incorporated or Qualified
02/26/1982

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
6616 OLD WILKIE GARDEN RD

2a. Mailing Address
6616 OLD WILKIE GARDEN RD

4. FEI Number
59-2172336

Applied For
Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23. City & State
ORLANDO FL

28. City & State
ORLANDO FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24. Zip
32835

25. Country
ORANGE

29. Zip
32835

30. Country
ORANGE

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

**GREEN, MARY JO
5190 CYPRESS CREEK DR
ORLANDO FL 32805**

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
DST ☐ DELETE
NAME
HALL, JAMES RONALD JR
STREET ADDRESS
1215 HEMPEL AVE
CITY-ST-ZIP
GOtha FL

1.1 TITLE
☒ Change ☐ Addition
1.2 NAME
PO BOX 167 560 SADDLEBAY Loop
1.3 STREET ADDRESS
GOtha FL 32867
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
PD ☐ DELETE
NAME
GREEN, MARY JO
STREET ADDRESS
5190 CYPRESS CREEK DRIVE
CITY-ST-ZIP
ORLANDO FL

2.1 TITLE
☐ Change ☐ Addition
2.2 NAME
5190 CYPRESS CREEK DRIVE
2.3 STREET ADDRESS
ORLANDO FL
2.4 CITY-ST-ZIP

TITLE
☐ DELETE
NAME
5190 CYPRESS CREEK DRIVE
STREET ADDRESS
ORLANDO FL
CITY-ST-ZIP

3.1 TITLE
☐ Change ☐ Addition
3.2 NAME
5190 CYPRESS CREEK DRIVE
3.3 STREET ADDRESS
ORLANDO FL
3.4 CITY-ST-ZIP

TITLE
☐ DELETE
NAME
5190 CYPRESS CREEK DRIVE
STREET ADDRESS
ORLANDO FL
CITY-ST-ZIP

4.1 TITLE
☐ Change ☐ Addition
4.2 NAME
5190 CYPRESS CREEK DRIVE
4.3 STREET ADDRESS
ORLANDO FL
4.4 CITY-ST-ZIP

TITLE
☐ DELETE
NAME
5190 CYPRESS CREEK DRIVE
STREET ADDRESS
ORLANDO FL
CITY-ST-ZIP

5.1 TITLE
☐ Change ☐ Addition
5.2 NAME
5190 CYPRESS CREEK DRIVE
5.3 STREET ADDRESS
ORLANDO FL
5.4 CITY-ST-ZIP

TITLE
☐ DELETE
NAME
5190 CYPRESS CREEK DRIVE
STREET ADDRESS
ORLANDO FL
CITY-ST-ZIP

6.1 TITLE
☐ Change ☐ Addition
6.2 NAME
5190 CYPRESS CREEK DRIVE
6.3 STREET ADDRESS
ORLANDO FL
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/97

297-1421

CR2E034 (9/96)