FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 APR 27 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # F94000004257

1. Corporation Name: S. R. Joss inc.

Principal Place of Business: 2706 U.S Hwy Alt 19N Suite 302 Palm Harbor Fl 34683

Mailing Address: 3423 Foxhall Dr. Holiday Fl 34691

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address: 3423 Foxhall Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Holiday, Fl
Zip / Country	Zip: 34691 / County: Pasco

3. Date Incorporated or Qualified: 10-85
3a. Date of Last Report:
4. FEI Number: 59-3399958 — 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

Scott Joss
3423 Foxhall Dr.
Holiday, Fl 34691

10. Name and Address of New Registered Agent

81 Name: Scott Joss
82 Street Address (P.O. Box Number is Not Acceptable): 3423 Foxhall Dr.
83
84 City: Holiday FL 85 Zip Code: 34691

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: Scott R. Joss Date: 3-24-95

12. OFFICERS AND DIRECTORS

TITLE	NAME / STREET ADDRESS / CITY-ST-ZIP
D/P	Scott Joss, 3423 Foxhall Dr., Holiday, Fl 34691
D/S	Sherry Joss, 3423 Foxhall Dr., Holiday, Fl 34691

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition (blank entries)

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****200.00 ****200.00

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 of this report or on an attachment with an address.

SIGNATURE: Scott R. Joss 3-24-95 (813) 942-3121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR