

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99455

(0)

1. Corporation Name

THE JEANERY, INC.

300001501243
-05/30/95--01037--011
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
852 HWY. 41 SOUTH 852 HWY. 41 SOUTH
INVERNESS FL 34450 INVERNESS FL 34450

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. # etc. 26 Suite, Apt. # etc.
22 City & State 27 City & State
23 City & State 28 City & State
24 City & State 25 City & State 29 City & State 30 City & State

3. Date Incorporated or Qualified 3a. Date of Last Report
09/14/1982 05/01/1994
4. FEI Number Applied For
59-2221863 Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees
7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

PIPPIN, JO ANN
850 HIGHWAY 41, SOUTH
INVERNESS FL 34450

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 of person named in registered agent with the address

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP
1. PIPPIN, JO ANN 8509 ALOHA PLACE HOLIDAY FL
2. BRUSH, LYNNE 852 HWY 41 SOUTH INVERNESS FL
3.
4.
5.
6.
7.
8.
9.
10.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 850 Hwy 41 South
1.4 CITY ST ZIP Inverness FL 34450
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS 850 Hwy 41 South
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, the undersigned, 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. 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:

JoAnn Pippin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/95 (904) 1260945