

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G13781

(1)

1. Corporation Name
JT POST, INC.

Principal Place of Business

**38920 ALSTON AVENUE
P O BOX 1735 (33539)
ZEPHYRHILLS FL 33540**

Mailing Address

**38920 ALSTON AVENUE
P O BOX 1735 (33539)
ZEPHYRHILLS FL 33540**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/17/1982

3a. Date of Last Report
04/04/1994

4. FEI Number
59-2243464

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BROWN, MARIAN C.
38920 ALSTON AVENUE
ZEPHYRHILLS FL 33540**

10. Name and Address of New Registered Agent

81 Name **Stephanie M. Selbert**

82 Street Address (P.O. Box Number is Not Acceptable)
38920 Alston Avenue

83

84 City **Zephyrhills,**

FL

85 Zip Code
33540

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

Stephanie M. Selbert, PT S - Stephanie M. Selbert 4/26/95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when returning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VS

**SELBERT, STEPHANIE
38920 ALSTON AVENUE
ZEPHYRHILLS FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VS

**Harney, Kathy V.
38918 Alston Avenue
Zephyrhills, FL.**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☒ Addition

**PT'S
Selbert, Stephanie M.
38920 Alston Avenue
Zephyrhills, FL.**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 110.07(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:

Stephanie M. Selbert

Stephanie M. Selbert

4/26/95

(813)

949-0691

(Signature and typed or printed name of signing officer or director)

Date

(Signature and typed or printed name of officer or director)