FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G86081 (8)

1. Corporation Name
JOHUBOKE, INC.

Principal Place of Business	Mailing Address
HWY A1A-ONEAL P. O. BOX 937 FERNANDINA BEACH FL 32034	HWY A1A-ONEAL P. O. BOX 937 FERNANDINA BEACH FL 32034

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/23/1984
3a. Date of Last Report: 05/01/1994

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

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

4. FEI Number: 59-2384308 ☐ 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

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

POOLE, WESLEY R. (ATTORNEY AT LAW)
303 CENTRE STREET
SUITE 200
FERNANDINA BEACH FL 32034

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	TOLLISON, H. KENNETH	1.2 NAME		
STREET ADDRESS	4000 S. FLETCHER AVE.	1.3 STREET ADDRESS		
CITY-ST-ZIP	FERNANDIANA BCH. FL	1.4 CITY-ST-ZIP		
TITLE	DV	2.1 TITLE	D V	☐ Change ☐ Addition
NAME	TOLLISON, JR., HUGH K.	2.2 NAME		
STREET ADDRESS	P. O. DRAWER A	2.3 STREET ADDRESS		
CITY-ST-ZIP	BURNSWICK GA	2.4 CITY-ST-ZIP		
TITLE	DS	3.1 TITLE	D S	☐ Change ☐ Addition
NAME	BOATRIGHT, J. C.	3.2 NAME		
STREET ADDRESS	3998 MINNLOTA AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BCH FL	3.4 CITY-ST-ZIP		
TITLE	DT	4.1 TITLE	D T	☐ Change ☐ Addition
NAME	WRIGHT, JOE C.	4.2 NAME		
STREET ADDRESS	ROUTE 5 BOX 148	4.3 STREET ADDRESS		
CITY-ST-ZIP	DOUGLAS GA	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 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: HUGH K. TOLLISON 4/20/95 261-8773
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400881 FP