

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



**THE CHARTER CORPORATION
ANNUAL REPORT
1995**

DEPARTMENT OF STATE
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DOCUMENT # H22207

(5)

JAY-CUE CONSTRUCTION CO., INC.

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SEC. AT&T PROPRIETARY
TALLAHASSEE, FLORIDA

Name and Address of Registered Agent		Mailing Address	
% BERNARD D. CANARICK, ESO. 1776 N. PINE ISLAND RD., SUITE 118 PLANTATION FL 33322 US		% BERNARD D. CANARICK, ESO. 1776 N. PINE ISLAND RD., SUITE 118 PLANTATION FL 33322 US	
(A) (1)(C) (4) WRITE IN THIS SPACE			
2. Name of Corporation or Organization 21		2a. Mailing Address 26	3. Date Incorporated or Qualified 09/21/1984
			3a. Date of Last Report 04/25/1994
4. FEI Number 59-2450645		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added To Fees	
7. This Corporation Has Liability for Unfranchised Tax Under § 169 (a)(2) 22		8. Financial Statutory <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent 23		10. Name and Address of New Registered Agent	
24		25	26
		27	28
		29	30

9. Name and Address of Current Registered Agent

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**CANARICK, BERNARD D., ESQ.
1776 N. PINE ISLAND RD.
SUITE 118
PLANTATION FL 33322**

Digitized by srujanika@gmail.com

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DE 2015-01

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 707, 707.2 and 707.3 of the Florida Statutes, the above named corporation hereby states that it has the purpose of changing its registered office to a post office box or to a place of business in the State of Florida. Such change will be authorized by the corporation's board of directors. Thereby except the appointment as registered agent. I am the president and sole shareholder of the corporation. At Sarasota, Florida.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (1)	
PD	NAME JOSEPH M. 10171 SUNSET STRIP SUNRISE FL	4. NAME 5. TITLE/APPENDIX 6. DATE OF BIRTH 7. SSN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MMR		8. NAME 9. TITLE/APPENDIX 10. DATE OF BIRTH 11. SSN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MMR		12. NAME 13. TITLE/APPENDIX 14. DATE OF BIRTH 15. SSN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MMR		16. NAME 17. TITLE/APPENDIX 18. DATE OF BIRTH 19. SSN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MMR		20. NAME 21. TITLE/APPENDIX 22. DATE OF BIRTH 23. SSN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MMR		24. NAME 25. TITLE/APPENDIX 26. DATE OF BIRTH 27. SSN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MMR		28. NAME 29. TITLE/APPENDIX 30. DATE OF BIRTH 31. SSN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MMR		32. NAME 33. TITLE/APPENDIX 34. DATE OF BIRTH 35. SSN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MMR		36. NAME 37. TITLE/APPENDIX 38. DATE OF BIRTH 39. SSN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MMR		40. NAME 41. TITLE/APPENDIX 42. DATE OF BIRTH 43. SSN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MMR		44. NAME 45. TITLE/APPENDIX 46. DATE OF BIRTH 47. SSN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MMR		48. NAME 49. TITLE/APPENDIX 50. DATE OF BIRTH 51. SSN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MMR		52. NAME 53. TITLE/APPENDIX 54. DATE OF BIRTH 55. SSN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MMR		56. NAME 57. TITLE/APPENDIX 58. DATE OF BIRTH 59. SSN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MMR		60. NAME 61. TITLE/APPENDIX 62. DATE OF BIRTH 63. SSN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MMR		64. NAME 65. TITLE/APPENDIX 66. DATE OF BIRTH 67. SSN	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I acknowledge, certify that the information supplied with this filing is substantially furnished and does not qualify for the exemption stated in Section 119(e)(4) Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as a trade under oath. That I am the author of or give my full cooperation in the preparation of this report or that I am the person empowered to execute this report as required by Chapter 676, Florida Statutes, and that my name appears on Block 3 of Block 1 of this form or on any other record with my initials.

SIGNATURE: Joseph M. Quigley 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95