

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
FILE

DOCUMENT # H47743

(0)

1. Corporation Name

J. EDWIN ENGLISH, INC.

Principal Place of Business

**4561 SPRINGVIEW CIR.
LABELLE FL 33935**

Mailing Address

**4561 SPRINGVIEW CIR.
LABELLE FL 33935**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/18/1985

3a. Date of Last Report
04/22/1994

2. Filing Date of Expense

21

2a. Mailing Address

26

4. FFI Number
59-2521386

Applied For
Not Applicable

State App # etc

State App # etc

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing,
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

23. City & State

28. City & State

8. This corporation has liability for surrogate tax under the 1983
Florida Statutes

☐

☐

☐

24. City & State

25. City & State

29. City & State

30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WATKINS, JOHN JAY, ESQ.
190 NORTH BRIDGE STREET
P.O. BOX 250
LABELLE FL 33935**

81. Name

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

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 601.01(2) and 601.15001, 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 obligation of law to file 990, 990-E, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent (Required After 4/1/95)

Signature of New Registered Agent (Required After 4/1/95)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN '95

1. NAME
**PD
ENGLISH, J. EDWIN**
2. STREET ADDRESS
4561 SPRINGVIEW CIRCLE
3. CITY, STATE, ZIP
LABELLE FL

1. NAME
2. STREET ADDRESS
3. CITY, STATE, ZIP
☐ Change ☐ Addition

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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071, Florida Statutes. Further, I 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 if made under oath. That I am an officer or director of the corporation or the receiver or liquidator thereof to execute this report as required by Chapter 601, Florida Statutes, and that my name appears in Block 12 or Block 13 of a change or correction attached with this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

4/29/95

3/3-6-20-5063

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