

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

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AND
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95 APR 28 PH 5:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # H57816 (1)
 1. Corporation Name
JAMAICA JOE'S ISLAND SHOPS, INC.

Principal Place of Business Mailing Address
9 GIPSON PLACE FT WALTON BEACH FL 32548 **9 GIPSON PLACE FT WALTON BEACH FL 32548**

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified **05/16/1985** 3a. Date of Last Report **05/01/1994**
 4. FEI Number **59-2524374** 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**
 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HUTCHESON, DOUGLAS A.
501 MARY ESTHER BLVD.
SUITE 1
FT WALTON BEACH FL 32548

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BRUNER, MAXWELL JOSEPH 9 GIPSON PLACE FT WALTON BEACH FL	1. 1 TITLE 1. 2 NAME 1. 3 STREET ADDRESS 1. 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MILLER, JAMES J. 9 GIPSON PLACE FT. WALTON BEACH FL	2. 1 TITLE 2. 2 NAME 2. 3 STREET ADDRESS 2. 4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3. 1 TITLE 3. 2 NAME 3. 3 STREET ADDRESS 3. 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4. 1 TITLE 4. 2 NAME 4. 3 STREET ADDRESS 4. 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5. 1 TITLE 5. 2 NAME 5. 3 STREET ADDRESS 5. 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6. 1 TITLE 6. 2 NAME 6. 3 STREET ADDRESS 6. 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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 _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Filing Fee \$ _____