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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H75225 (3)			
1. Corporation Name JAMES M. MUSKOPF, INC.			
Principal Place of Business % THEODORE R. DORAN, ESQ. (DRAWER 1231) 444 SEABREEZE BLVD., 895-889 DAYTONA BEACH FL 32118-3953		Mailing Address % THEODORE R. DORAN, ESQ. (DRAWER 1231) 444 SEABREEZE BLVD., 895-889 DAYTONA BEACH FL 32118-3953	
2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/10/1985	3a. Date of Last Report 04/01/1994
22 Suite, Apt. #, etc. Suite 800	27 Suite, Apt. #, etc. Suite 800	4. FEI Number 59-2571628	Applied For ☐ Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent DORAN, THEODORE R. ESQ. 444 SEABREEZE BLVD, STE. 800 DAYTONA BEACH FL 32115		10. Name and Address of New Registered Agent 81 Name Theodore R. Doran 82 Street Address (P.O. Box Number is Not Acceptable) 444 SEABREEZE BLVD. 83 Suite 800 84 City DAYTONA BCH FL 85 Zip Code 32118	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reappointing) DATE 3/23/95			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	POST MUSKOPF, JAMES M. 4207 NEW HAVEN CT. PORT ORANGE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	☐ 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES M. MUSKOPF 3-14-95

Date

Daytime Phone #

904-253-1111