

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:56

DOCUMENT # H76139

(5)

1. Corporation Name

J AND R RECREATIONAL DEVELOPMENT, INC.

Principal Place of Business

**2335 NORTHWEST TENTH STREET
OCALA FL 34475**

Mailing Address

**2335 NORTHWEST TENTH STREET
OCALA FL 32675**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/12/1985

3a. Date of Last Report

03/21/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

107 NE 1st Ave.

Suite, Apt. #, etc.

27

City & State

28

Ocala, FL

Zip

34470

Country

4. FEI Number

59-2584489

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

**FUTCH, R. WILLIAM
108 NORTH MAGNOLIA AVENUE
OCALA FL 32670**

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 the date

(NOTE: Registered Agent signature required when re-designating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**PD
JONES, BRAXTON
2335 NW 10TH ST
OCALA FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**D
REGISTER, DAVID
2335 NW 10TH ST
OCALA FL**

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

15 CITY ST ZIP

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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 067, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Braxton Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Braxton Jones

7-10-95

Date

704-629-1884

(Signature 1740 and 4)