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 FEB 10 PM 1:16

DOCUMENT # J05066 (2)

1. Corporation Name
S.& S. JORDAN, INC.

Principal Place of Business	Mailing Address
% SHIRLEY M. JORDAN ROUTE 1 BOX 740-EAST PALM TRAIL EAST PALATKA FL 32131	% SHIRLEY M. JORDAN ROUTE 1 BOX 740 PALM TRAIL EAST PALATKA FL 32131 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/20/1986
3a. Date of Last Report: 03/21/1994

21 2. Principal Place of Business	R+1 Box 740 PALM TRAIL
22 Suite, Apt. #, etc.	E. PALATKA, FL
23 City & State	32131
24 Zip / 25 Country	
26 2a. Mailing Address	R+1 Box 740
27 Suite, Apt. #, etc.	E. PALATKA, FL
28 City & State	32131
29 Zip / 30 Country	

4. FEI Number: 59-2653384 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JORDAN, SHIRLEY M.
ROUTE 1 BOX 740
PALM TRAIL
EAST PALATKA FL 32131

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 Shirley M. Jordan 2/7/95
Signature, typed or printed name of registered agent, and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	JORDAN, SAMUEL P. JR.	12 NAME	
STREET ADDRESS	RT 1 BOX 740	13 STREET ADDRESS	
CITY-ST-ZIP	EAST PALATKA FL 32131	14 CITY-ST-ZIP	
TITLE	VST	21 TITLE	☐ Change ☐ Addition
NAME	JORDAN, SHIRLEY M.	22 NAME	
STREET ADDRESS	RT 1 BOX 740	23 STREET ADDRESS	
CITY-ST-ZIP	EAST PALATKA FL 32131	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	JORDAN, SHIRLEY M.	32 NAME	
STREET ADDRESS	RT 1 BOX 740	33 STREET ADDRESS	
CITY-ST-ZIP	EAST PALATKA FL 32131	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(i), 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: Shirley M. Jordan – SHIRLEY M. JORDAN 2/7/95 (904)328-4501
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0403550 FP