

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 MAY -1 PM 11:55**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # J41990 (9)**  
1. Corporation Name  
**THE JEAN MACHINE, INC.**

Principal Place of Business      Mailing Address  
**1305 KINGSWAY RD.  
BRANDON FL 33510-2515**      **1305 KINGSWAY RD.  
BRANDON FL 33510-2515**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**11/12/1986**      **04/27/1994**

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

4. FEI Number      Applied For  
**59-2740137**      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**

**10. Name and Address of New Registered Agent**

**LAYTART, DONNA R.  
1305 KINGSWAY ROAD  
BRANDON FL 33511**

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      **DP**  
NAME      **LAYTART, HOMER D.**  
STREET ADDRESS      **1305 KINGSWAY RD.**  
CITY - ST - ZIP      **BRANDON FL**

1.1 TITLE       Change       Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE      **V**  
NAME      **LAYTART, DONNA R.**  
STREET ADDRESS      **1305 KINGSWAY RD.**  
CITY - ST - ZIP      **BRANDON FL**

2.1 TITLE       Change       Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE       Change       Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE       Change       Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE       Change       Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE       Change       Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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 checked, of an attachment with an address.

**SIGNATURE:** *Homer D. Laytart*      **HOMER D. LAYTART**      **4-29-95 (813) 689-8143**  
Signature and Title of Officer or Director      Date      (Typed Name)