

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**

**APPROVED
AND
FILED**

1995 MAY 12 AM 4: 58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # J42542

(7)

1. Corporation Name

DURRANCE JIFFY, INC.

Principal Place of Business

**4423 SOUTH HIGHWAY 441
P.O. BOX 997
OKEECHOBEE FL 34974**

Mailing Address

**4423 SOUTH HIGHWAY 441
P.O. BOX 997
OKEECHOBEE FL 34974**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/17/1986

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2753455

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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

☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DURRANCE, CLYDE R.
4425 SOUTH HIGHWAY 441
OKEECHOBEE FL 33472**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

DURRANCE, CLYDE R.

STREET ADDRESS

4425 S. HWY. 441

CITY - ST - ZIP

OKEECHOBEE FL

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

000001490650

-05/17/95--01047ange0081 Addition

*******225.00 *****225.00**

TITLE

D

NAME

DURRANCE, CLYDE R.

STREET ADDRESS

4425 S. HWY. 441

CITY - ST - ZIP

OKEECHOBEE FL

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE

V

NAME

DURRANCE, JUANITA H.

STREET ADDRESS

4425 S. HWY 441

CITY - ST - ZIP

OKEECHOBEE FL

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE

TS

NAME

DURRANCE, ROSA D.

STREET ADDRESS

S.W. 28TH STREET

CITY - ST - ZIP

OKEECHOBEE FL

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

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 110.07(3)(b), Florida Statutes. I further certify that the information included 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

ROSA DURRANCE

5/1/95

DATE

(813) 763-5054

TELEPHONE NUMBER