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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # J74566

(7)

1. Corporation Name

JIMCO PROPERTIES, INC.

Principal Place of Business

**% L. FRANK CHOPIN
440 ROYAL PALM WAY STE 300
PALM BEACH FL 33480**

Mailing Address

**% L. FRANK CHOPIN
440 ROYAL PALM WAY STE 300
PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified
05/27/1987**

**3a. Date of Last Report
05/01/1994**

**4. FEI Number
59-2810409**

**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

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

24. Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHOPIN, L. FRANK
440 ROYAL PALM WAY
SUITE 300
PALM BEACH FL 33480**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Suite 200

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE PSD
NAME CHOPIN, L. FRANK
STREET ADDRESS 440 ROYAL PALM WAY
CITY- ST- ZIP PALM BEACH FL**

**1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 440 Royal Palm Way, Suite 200
1.4 CITY- ST- ZIP Palm Beach, FL 33480**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

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

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

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

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

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

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

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

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**6.1 TITLE
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 119.07(3)(k), Florida Statutes. I further certify that the information indicated in this annual report or subsequent 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 at the time of institution empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14 or on an attachment with this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. Frank Chopin

(407) 655-9500

Date

Daytime Phone #