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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # J

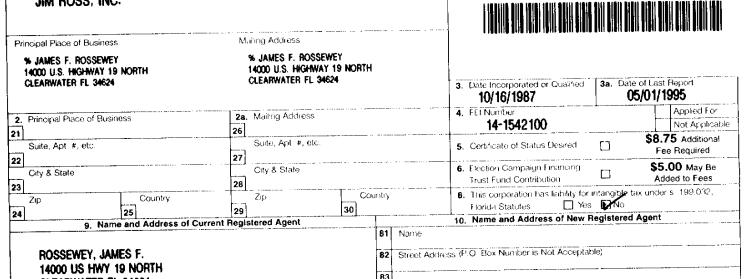
**CLEARWATER FL 34624** 

J98046

(2)

JIM ROSS, INC.

1. Corporation Name



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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

84 City

SIGNATURE	lignature, typed or printed hame of eight-rich a jiest and the i	appears (NOI)	Bayelesed Age 1.5 joul as 6 quest	Extre renetating: DATE
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	DELETE	1 1 1011.6	Change Addition
NAME	ROSSEWEY, JAMES F.		1.2 NAME	
STREET ADDRESS	14000 U.S. HWY 19 NORTH		1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL		1.4 C)TY - ST - ZIP	
TITLE	VSD	DELETE	2 1 TILLE	Change Addition
NAME	ROSSEWEY, PATRICIA A.		2.2 NAME	
	14000 U.S. HWY 19 NORTH		. 23 STHEET ADDRESS	
STREET ADDRESS	CLEARWATER FL		24 CHY ST-ZIP	
CITY - ST - ZIP	CLEARWAILMIL	DELETE	3 1 TillE	Criange Addition
TITLE			3.2 NAME	
NAME			33 STHEET ADDRESS	
STREET ADDRESS				
CITY-ST-ZIP		<b>F</b> DC: F ! (	3.4 CITY - ST - ZIP	Change Addition
TITLE		DELETE	4 1 TULE	
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-SJ-ZIP			4 4 CITY - ST 7IP	☐ Change ☐ Addition
TITLE		☐ DELETE	5 1 lift(E	C clang, L Noonte-
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CiTY-ST-ZIP			5.4 CITY - \$1 - ZIP	
TITLE		DELETE	6 1 TITLE	Cnange Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
			6.4 CITY - ST - ZIP	
CITY-ST-ZP				4 store and other distriction Section 119 OZraviki, Florida Statutes, Hurther

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and dues not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated of this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early that I am an officer or director of the corporation of 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 3.1 (financed, or on availabline of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE:

IONATURE DISTRIPTION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 813-535-5678 CR2E034 (12/95)

85

Zip Code