

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 10:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # K02400 (5)

1. Corporation Name

THE PARTY PLACE, A DIVISION OF JIM, INC.

Principal Place of Business

**% 3721 W. UNIVERSITY AVE.
GAINESVILLE FL 32607**

Mailing Address

**% 3721 W. UNIVERSITY AVE.
GAINESVILLE FL 32607**

DO NOT WRITE IN THIS SPACE.

9. Date Incorporated or Qualified

11/13/1987

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2874340

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DANIEL, THOMAS A., ESQ.
623 NORTH MAIN ST.
GAINESVILLE FL 32601**

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 constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

**ROSENQUIST, RUTH JEAN
4411 S.W. 34TH ST. #1202
GAINESVILLE FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

V

**Rosenquist, Ruth Jean
5126 NW 34th Place
Gainesville, Florida 32605**

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

**MCQUILLEN, JEFFRY THOMAS
4411 S.W. 34TH ST. #1202
GAINESVILLE FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

P

**McQuillen, Jeffry Thomas
5214 SW 92nd Ct.
Gainesville, Florida 32608**

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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)(b), 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 incorporator 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, typed or printed, not in an address.

SIGNATURE:

JEFFRY M. McQuillen
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR

4/27
DATE

904-371-4646
Telephone Number