

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K07134 (5)

1. Corporation Name

JO-BETH, INC.



Principal Place of Business

% ELIZABETH L. PERRY  
5310 10TH STREET NORTH  
ST. PETERSBURG FL 33703

Mailing Address

% ELIZABETH L. PERRY  
5310 10TH STREET NORTH  
ST. PETERSBURG FL 33703

2. Principal Place of Business

21 3015 - 7 ST. N.

Suite, Apt. #, etc.

22 City & State

23 ST. Petersburg, FL

24 Zip

33704

25 County

Pinellas

2a. Mailing Address

26 3015 - 7 ST. N.

Suite, Apt. #, etc.

27 City & State

28 ST. Petersburg FL

29 Zip

33704

30 Country

Pinellas

3. Date Incorporated or Qualified  
12/14/1987

3a. Date of Last Report  
05/01/1995

4. FEI Number

59-2863742

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

10. Name and Address of New Registered Agent

PERRY, JOSEPH L.  
5310-10ST N.  
ST. PETERSBURG FL 33703

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

*Joseph L. Perry*

DATE

4/25/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
NAME PERRY, ELIZABETH L.  
STREET ADDRESS 5310 10 ST N  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE

PST  
NAME PERRY, JOSEPH L.  
STREET ADDRESS 5310-ST. N.  
CITY-ST-ZIP S. PETERSBURG FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 119.07(3)(x), 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 changed, or on an attachment with an address.

SIGNATURE:

*Joseph L. Perry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 813 822 5635  
Day/Title/Phone #

CR2E034 (12/95)