

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**

95 JUL 25 AM 10: 50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K47786 (4)**

1. Corporation Name  
**JAYNE LEWIS, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: 1722 DEL PRADO BLVD #4 CAPE CORAL FL 33990 US  
Mailing Address: 1722 DEL PRADO BLVD #4 CAPE CORAL FL 33990 US

3. Date incorporated or Qualified: 11/21/1988  
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
22. Suite, Apt. #, etc.: 27  
23. City & State: 28  
24. Zip: 25 Country: 29

4. FEI Number: 65-0086741  
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. 109.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: KROPP, JAYNE 1722 DEL PRADO BLVD #4 CAPE CORAL FL 33990

10. Name and Address of New Registered Agent: B1 Name, B2 Street Address (P.O. Box Number is Not Acceptable), B3, B4 City, B5 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: \_\_\_\_\_ (DATE: \_\_\_\_\_)

| 12. OFFICERS AND DIRECTORS |                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------|---|---|
| TITLE                      | PD              | 1. TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KROPP, JAYNE    | 12. NAME  |   |
| STREET ADDRESS             | 1005 SE 15 ST   | 13. STREET ADDRESS                                    |   |
| CITY, ST, ZIP              | CAPE CORAL FL   | 14. CITY, ST, ZIP                                     |   |
| TITLE                      | STD             | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WHITMORE, LINDA | 2.2 NAME  |   |
| STREET ADDRESS             | 117 SE 39 TER   | 2.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              | CAPE CORAL FL   | 2.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                 | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                 | 3.2 NAME  |   |
| STREET ADDRESS             |                 | 3.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                 | 3.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                 | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                 | 4.2 NAME  |   |
| STREET ADDRESS             |                 | 4.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                 | 4.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                 | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                 | 5.2 NAME  |   |
| STREET ADDRESS             |                 | 5.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                 | 5.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                 | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                 | 6.2 NAME  |   |
| STREET ADDRESS             |                 | 6.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                 | 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 110.07(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 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: *Sandra K. Whitman* 7/10/95 941 574-1644  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR