

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K81338** (1)

1. Corporation Name

JILL-B INC.



Principal Place of Business

**5313 ARROWHEAD RD
PENSACOLA FL 32507
US**

Mailing Address

**BOX 34300
PENSACOLA FL 32507
US**

2. Principal Place of Business

2a. Mailing Address

21 1801 W. GOVERNMENT ST

26 P.O. BOX 9462

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 PENSACOLA FL 32501

28 PENSACOLA FL 32513

Zip Country

Zip Country

24 ESCAMBIA

29 ESCAMBIA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/18/1989

3a. Date of Last Report

04/20/1995

4. FFI Number

59-2983376

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

10. Name and Address of New Registered Agent

**DELANEY, RICHARD F
5313 ARROWHEAD RD
PENSACOLA FL 32507**

81 Name

DON JONES

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

1801 W. GOVERNMENT ST

84 City

PENSACOLA

FL

85 Zip Code

32501

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 of Registered Agent or New Agent, if applicable)

(Signature of Registered Agent or New Agent, if applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☒ DELETE

NAME
DELANEY, RICHARD F.
STREET ADDRESS
5313 ARROWHEAD RD
CITY-STATE-ZIP
PENSACOLA FL

2. TITLE ☒ DELETE

NAME
DELANEY, LINDA C.
STREET ADDRESS
5313 ARROWHEAD RD
CITY-STATE-ZIP
PENSACOLA FL

3. TITLE ☐ DELETE

NAME
DELANEY, LINDA C.
STREET ADDRESS
5313 ARROWHEAD RD
CITY-STATE-ZIP
PENSACOLA FL

4. TITLE ☐ DELETE

NAME
DELANEY, LINDA C.
STREET ADDRESS
5313 ARROWHEAD RD
CITY-STATE-ZIP
PENSACOLA FL

5. TITLE ☐ DELETE

NAME
DELANEY, LINDA C.
STREET ADDRESS
5313 ARROWHEAD RD
CITY-STATE-ZIP
PENSACOLA FL

6. TITLE ☐ DELETE

NAME
DELANEY, LINDA C.
STREET ADDRESS
5313 ARROWHEAD RD
CITY-STATE-ZIP
PENSACOLA FL

1. TITLE

☒ Change ☐ Addition

2. NAME

DON JONES

3. STREET ADDRESS

1801 W. GOVERNMENT ST

4. CITY-STATE-ZIP

PENSACOLA FL 32501

5. TITLE

☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY-STATE-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 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:

Donald C. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96 (904) 436-4737

CR2E034 (12/95)