

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

FILED
Feb 12 1996 8:00 am
Secretary of State

DOCUMENT # **K88091** (9)

1. Corporation Name
MARY JO, INC.

Principal Place of Business

**6101 CYPRESS ROAD
PLANTATION FL 33317
US**

Mailing Address

**% JOSEPH K. LAMB
6101 W. CYPRESS RD.
PLANTATION FL 33317-2528
US**



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

05/15/1989

3a. Date of Last Report

04/18/1995

4. FEI Number

65-0121901

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

9. Name and Address of Current Registered Agent

**LAMB, JOSEPH K.
6101 CYPRESS ROAD
PLANTATION FL 33317**

10. Name and Address of New Registered Agent

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 of Registered Agent (if not the same as the corporation's officer or director)

Signature of Registered Agent (if not the same as the corporation's officer or director)

DATE

OFFICERS AND DIRECTORS

12. ☐ DELETE

12.1 TITLE

NAME
LAMB, MARY JO
STREET ADDRESS
6101 CYPRESS ROAD
CITY-STATE-ZIP
PLANTATION FL 33317

12.2 TITLE

NAME
LAMB, JOSEPH K.
STREET ADDRESS
6101 CYPRESS ROAD
CITY-STATE-ZIP
PLANTATION FL 33317

12.3 TITLE

12.4 TITLE

12.5 TITLE

12.6 TITLE

12.7 TITLE

12.8 TITLE

12.9 TITLE

12.10 TITLE

12.11 TITLE

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12.18 TITLE

12.19 TITLE

12.20 TITLE

12.21 TITLE

12.22 TITLE

12.23 TITLE

12.24 TITLE

12.25 TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-STATE-ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-STATE-ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-STATE-ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-STATE-ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-STATE-ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY-STATE-ZIP

13.29 TITLE

13.30 NAME

13.31 STREET ADDRESS

13.32 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:

Mary Jo Lamb MARY JO LAMB

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96 305-791-2904

CR2E034 (12/95)