

**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

APPROVED  
AND  
FILED

MAY - 1 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K88681** (7)

1. Corporation Name:  
**JAMI LYNN, INC.**

Principal Place of Business: **2200 MAIN STREET  
P. O. BOX 2484  
FT. MYERS BEACH FL 33931**

Mailing Address: **2200 MAIN STREET  
P. O. BOX 2484  
FT. MYERS BEACH FL 33931**

DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>05/16/1989</b>   | 3a. Date of Last Report<br><b>05/01/1994</b>           |
| 4. FEI Number<br><b>65-0125497</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199(2)(b), Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. State, Apt. #, etc.        | 26. State, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 24. Zip                        | 29. Zip                 |
| 25. County                     | 30. County              |

9. Name and Address of Current Registered Agent

**RASH, DAVID G.  
2200 MAIN STREET  
FT. MYERS BEACH FL 33932**

10. Name and Address of New Registered Agent

B1. Name  
B2. Street Address (P.O. Box Number is Not Applicable)  
B3.  
B4. City  
B5. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.01(2) and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for both in the State of Florida. Such change was authorized by this corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.01(2), Florida Statutes.

SIGNATURE

Signature of Current Registered Agent (Required only if the corporation is a corporation)

Signature of New Registered Agent (Required only if the corporation is a corporation)

DATE

12. OFFICERS AND DIRECTORS

|                    |                            |
|--------------------|----------------------------|
| 1. NAME            | <b>S GRIDLEY, DOROTHY</b>  |
| 2. STREET ADDRESS  | <b>15490 COPRA LN</b>      |
| 3. CITY & STATE    | <b>FT MYERS FL</b>         |
| 4. NAME            | <b>D RASH, DAVID G</b>     |
| 5. STREET ADDRESS  | <b>21054 ST. PETER DR.</b> |
| 6. CITY & STATE    | <b>FT. MYERS BEACH FL</b>  |
| 7. NAME            |                            |
| 8. STREET ADDRESS  |                            |
| 9. CITY & STATE    |                            |
| 10. NAME           |                            |
| 11. STREET ADDRESS |                            |
| 12. CITY & STATE   |                            |
| 13. NAME           |                            |
| 14. STREET ADDRESS |                            |
| 15. CITY & STATE   |                            |

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

|                    |   |
|--------------------|---|
| 1. NAME            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. STREET ADDRESS  |   |
| 3. CITY & STATE    |   |
| 4. NAME            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. STREET ADDRESS  |   |
| 6. CITY & STATE    |   |
| 7. NAME            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 8. STREET ADDRESS  |   |
| 9. CITY & STATE    |   |
| 10. NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. STREET ADDRESS |   |
| 12. CITY & STATE   |   |
| 13. NAME           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. STREET ADDRESS |   |
| 15. CITY & STATE   |   |

14. I hereby certify that the information supplied with this filing is substantially true and correct and that I am not eligible for the exemption stated in s. 199(2)(b), Florida Statutes. I further certify that the information indicated on this notice 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 designated registered agent of the corporation covered by this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing or in an amendment with an effective date.

SIGNATURE:

*David G. Rash*  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DAVID G. RASH**

4/18/95

813-466-4158