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**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -6 AM 9:03

DOCUMENT # K93081

(3)

1. Corporation Name

JUST AROUND THE CORNER, INC.

Principal Place of Business

**501 MAIN STREET
WINDERMERE FL 34786**

Mailing Address

**501 MAIN STREET
WINDERMERE FL 34786**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/05/1989

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 P.O. Box 1534

2a. Mailing Address

26 P.O. Box 1534

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Windermere, FL

28 Windermere, FL

Zip

Country

Zip

Country

24 34786

25 ORANGE

29 34786

30 ORANGE

4. FEI Number

59-2961401

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

10. Name and Address of New Registered Agent

**SAUNDERS, ROBERT L.
501 MAIN ST
WINDERMERE FL 34786**

81 Name

Saunders, R.L., III

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

2021 Down Woods Lane

83

84 City

Windermere

FL

85 Zip Code

34786

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-95

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **SAUNDERS, AMY P.**
STREET ADDRESS **501 MAIN STREET**
CITY - ST - ZIP **WINDERMERE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

☒ Change ☐ Addition

1.2 NAME

Saunders, Amy P.

1.3 STREET ADDRESS

P.O. Box 1534 (N/A)

1.4 CITY - ST - ZIP

Windermere, FL 34786

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)(k), Florida Statutes. I further certify that this 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:

Amy P. Saunders **Amy P. Saunders** **4-1-95** **407-297-1269**
Signature and typed or printed name of signing officer or director Date (month/year)