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**APPROVED
AND
FILED**

95 APR 19 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L07232 (6)

1. Corporation Name

JULEX, INC.

Principal Place of Business

Mailing Address

5146 KENSINGTON HEIGHTS DR
LAKELAND FL 33811

5146 KENSINGTON HEIGHTS DR
LAKELAND FL 33811

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/04/1989

3a. Date of Last Report

03/08/1994

4. FEI Number

59-2967804

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1354 Longoak Dr. N.

26 1354 Longoak Dr. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Lakeland, FL

28 Lakeland, FL

Zip

Country

Zip

Country

24 33811

25 USA

29 33811

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VANDER POEL, MARC
5146 KENSINGTON HEIGHTS DR.
LAKELAND FL 33811

81 Name Marc Vander Poel

82 Street Address (P.O. Box Number is Not Acceptable)
1354 Longoak Dr. N.

83

84 City Lakeland

FL

85 Zip Code 33811

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

VANDER POEL, MARC

STREET ADDRESS

5146 KENSINGTON HTS

CITY - ST - ZIP

LAKELAND FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

1354 Longoak Dr. N.

Lakeland, FL 33811

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)(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 given in attachment with an address.

SIGNATURE:

Marc Vander Poel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marc Vander Poel

4-16-95 L813J646-9391

Date

(Type Name)