

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 24 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L17650 (7)

1. Corporation Name  
J'S PLACE, INC.Principal Place of Business  
214 US HWY 41 SOUTH  
INVERNESS FL 34450-4997  
USMailing Address  
2713 ANTIOCK LANE  
LECANTO FL 34461-9777  
US3. Date Incorporated or Qualified  
10/01/19893a. Date of Last Report  
05/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 5051 N. ALABASTER DR.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 HERNANDO

24 Zip Country

29 34442 30 CITRUS

4. FEI Number  
59-2970919Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. 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

ARMSTRONG, JO-ANNE S  
2713 ANTIOCK LANE  
LECANTO FL 3446181 Name JUNE A. HINDS  
82 Street Address (P.O. Box Number is Not Acceptable)  
5051 N. ALABASTER DR.  
83  
84 City HERNANDO FL 85 Zip Code 34442

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

JUNE A. HINDS

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

(NOTE: Registered Agent signature required when reinstating)

DATE

JUNE A. HINDS

1-16-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE  
NAME ARMSTRONG, JOANNE  
STREET ADDRESS 2713 ANTIOCK LN  
CITY-ST-ZIP LECANTO FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME JUNE A. HINDS  
2.3 STREET ADDRESS 5051 N. ALABASTER DR.  
2.4 CITY-ST-ZIP HERNANDO, FL 34442TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME JIMMY M. HINDS  
3.3 STREET ADDRESS 5051 N. ALABASTER DR.  
3.4 CITY-ST-ZIP HERNANDO, FL 34442TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

JUNE A. HINDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-97 726-0066

CR2E034 (9/96)