

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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 JAN 19 AM 11:05

DOCUMENT # **L23298** (7)
1. Corporation Name
JNB DEVELOPMENT, INC.

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 472 DREAMA DR DAVENPORT FL 33837 US		2a. Mailing Address 472 DREAMA DR DAVENPORT FL 33837 US		3. Date Incorporated or Qualified 10/16/1989	3a. Date of Last Report 02/15/1994
21	22		23	24	25
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State	
City & State		City & State		Zip	
Country		Country		Country	

4. FEI Number 59-2973110	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JOANNE P. SNIDER 472 DREAMA DR DAVENPORT FL 33837				10. Name and Address of New Registered Agent	
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)	
B3				B4 City	
				B5 Zip Code FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNIDER, JOANNE P.	1.2 NAME	
STREET ADDRESS	472 DREAMA DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	DAVENPORT FL	1.4 CITY - ST - ZIP	
TITLE	DT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLEME, ROBERT	2.2 NAME	
STREET ADDRESS	11090 W. THOREAN PLACE	2.3 STREET ADDRESS	3635 Boca Ciega Dr # 305
CITY - ST - ZIP	CRYSTAL RIVER FL	2.4 CITY - ST - ZIP	NAPLES, FL 33962
TITLE	DS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICDAO, CARMELITA O.	3.2 NAME	
STREET ADDRESS	16400 LAKESHORE DR	3.3 STREET ADDRESS	2850 GRANADA BLVD
CITY - ST - ZIP	MINNEOLA FL	3.4 CITY - ST - ZIP	KISSIMMEE, FL 34746
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(b), 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: *Joanne P. Snider Pres.* 1/12/95 813420408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOANNE P. SNIDER