

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE (DIVISION OF CORPORATIONS)**

95 JUN 16 AM 11:04

**DOCUMENT # L32896 (7)**

1. Corporation Name  
**JONAT OF SARASOTA, INC.**

Principal Place of Business  
**C/O JAMES O. FERGESON, JR.  
1515 RINGLING BLVD., STE. 1000  
SARASOTA FL 34236  
US**

Mailing Address  
**C/O JAMES O. FERGESON, JR.  
1515 RINGLING BLVD., STE. 1000  
SARASOTA FL 34236  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/27/1989** 3a. Date of Last Report **08/15/1994**

4. FEI Number **65-0173480** 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

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
30	Country		

9. Name and Address of Current Registered Agent  
**FERGESON JR., JAMES O  
1515 RINGLING BLVD.  
TENTH FL  
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 must be printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	STOTTMLEYER, CHARLES
STREET ADDRESS	1290 PALM AVE., #123
CITY, ST, ZIP	SARASOTA FL
TITLE	D
NAME	SNYDER, DONALD M., JR.
STREET ADDRESS	1852 HILLVIEW ST. #202
CITY, ST, ZIP	SARASOTA FL
TITLE	D
NAME	SHOEMAKER, JOHN
STREET ADDRESS	2211 FRUITVILLE RD.
CITY, ST, ZIP	SARASOTA FL
TITLE	D
NAME	FERGESON, JAMES O., SR.
STREET ADDRESS	1749 CHEROKEE DR.
CITY, ST, ZIP	SARASOTA FL
TITLE	D
NAME	KEYSER, STEPHEN B.
STREET ADDRESS	1515 RINGLING BLVD
CITY, ST, ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(h), 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: \_\_\_\_\_ (Signature and typed or printed name of signing officer or director) Date: **6-7-95** (Typed Date)

**James O. Ferguson, Jr.**

CR2E034 (3/95)