

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified: **11/27/1989**
3a. Date of Last Report: **06/16/1995**
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
10. Name and Address of New Registered Agent

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

g. Name and Address of Current Registered Agent

**FERGESON JR., JAMES O
1515 RINGLING BLVD.
TENTH FL
SARASOTA FL 34236**

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

11. Pursuant to the provisions of Section 607.0502 and 607.1502, 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 607.0503, Florida Statutes.

SIGNATURE _____ (Signature of person submitting this report to the State Dept. of State) _____ (Signature of person submitting this report to the State Dept. of State) _____ (Signature of person submitting this report to the State Dept. of State)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	STOTTEMYER, CHARLES	
STREET ADDRESS	1290 PALM AVE., #123	
CITY-STATE-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SNYDER, DONALD M., JR.	
STREET ADDRESS	1852 HILLVIEW ST. #202	
CITY-STATE-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHOEMAKER, JOHN	
STREET ADDRESS	2211 FRUITVILLE RD.	
CITY-STATE-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERGESON, JAMES O., SR.	
STREET ADDRESS	1749 CHEROKEE DR.	
CITY-STATE-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KEYSER, STEPHEN B.	
STREET ADDRESS	1515 RINGLING BLVD	
CITY-STATE-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	4253 FRUITVILLE ROAD
14 CITY-STATE-ZIP	SARASOTA, FL. 34232
15 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	1921 WALDE MERE STREET, SUITE 814
18 CITY-STATE-ZIP	SARASOTA, FL 34239
19 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	1255 S. GULF STREAM AVE, APT 506
22 CITY-STATE-ZIP	SARASOTA, FL. 34236
23 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	SARASOTA, FL 34239
26 CITY-STATE-ZIP	
27 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	1515 RINGLING BLVD, SUITE 1000
30 CITY-STATE-ZIP	SARASOTA, FL. 34236
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
35 TITLE	
36 NAME	
37 STREET ADDRESS	
38 CITY-STATE-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 in an attachment with an address.

SIGNATURE: **X** *[Signature]* **3/22/96** (941) 957-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)