

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

FILED

Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 34236-6719
US

3. Date Incorporated or Qualified
11/27/1989

3a. Date of Last Report
04/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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

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

FL

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 of registered agent or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME STOTTEMYER, CHARLES
STREET ADDRESS 4253 FRUITVILLE RD
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ DELETE
NAME SNYDER, DONALD M., JR.
STREET ADDRESS 1921 WADSWORTH STREET SUITE 814
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ DELETE
NAME SHOEMAKER, JOHN
STREET ADDRESS 1255 S GULF STREAM AVE APT 506
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ DELETE
NAME FERGESON, JAMES O., SR.
STREET ADDRESS 1749 CHEROKEE DR.
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ DELETE
NAME KEYSER, STEPHEN B.
STREET ADDRESS 1515 RINGLING BLVD SUITE 1000
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James O. Ferguson, Jr.
President

Date

Daytime Phone #

CR2E034 (9/96)