

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

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
SANDRA B. MARYOTT  
Secretary of State  
1995 ANNUAL REPORT

APPROVED  
AND  
FILED

951117-1 1112136

RECORDED IN THE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L44379**

(0)

1. Registered Name

J. B. ENTERPRISES OF LEE COUNTY, INC.

1. Principal Place of Business		Mailing Address			
% LAW OFFICE P.O. DRAWER 06205 FT. MYERS FL 33906		% LAW OFFICE P.O. DRAWER 06205 FT. MYERS FL 33906		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		2a. Mailing Address		3a. Date Incorporated or Qualified	
21		26		01/23/1990	3a. Date of Last Report
22		27		4. FEI Number	
23		28		65-0168785	4. FEI Number Applied For Not Applicable
24		25	29	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24		25	29	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24		25	29	7. The corporation has liability for intangible tax under S. 199 (3)(B). Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ROYSTON, ROBERT D., JR 12670 NEW BRITTANY BLVD SUITE 101 FT. MYERS FL 33907				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 677.107, 677.108, and 677.1505, Florida Statutes, the above named corporation submits the 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. Thereby, except the appointment as registered agent, I am  
hereby authorizing the corporation to file this document with the Florida Statutes.

SIGNATURE

OFFICERS AND DIRECTORS		APPOINTMENT OF WHICH IS TO OFFICERS AND DIRECTORS	
12.	D BEDFORD, JOHN 12670 NEW BRITTANY BLVD FT. MYERS FL	1. NAME 2. NAME 3. NAME 4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.	D BEDFORD, VICTORIA 12670 NEW BRITTANY BLVD FT. MYERS FL	1. NAME 2. NAME 3. NAME 4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14.	M BEDFORD, ALICE 12670 NEW BRITTANY BLVD FT. MYERS FL	1. NAME 2. NAME 3. NAME 4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15.	M BEDFORD, JEFFREY 12670 NEW BRITTANY BLVD FT. MYERS FL	1. NAME 2. NAME 3. NAME 4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16.	M BEDFORD, JENNIFER 12670 NEW BRITTANY BLVD FT. MYERS FL	1. NAME 2. NAME 3. NAME 4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17.	M BEDFORD, JONATHAN 12670 NEW BRITTANY BLVD FT. MYERS FL	1. NAME 2. NAME 3. NAME 4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18.	M BEDFORD, KAREN 12670 NEW BRITTANY BLVD FT. MYERS FL	1. NAME 2. NAME 3. NAME 4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19.	M BEDFORD, KATHLEEN 12670 NEW BRITTANY BLVD FT. MYERS FL	1. NAME 2. NAME 3. NAME 4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20.	M BEDFORD, KATHLEEN 12670 NEW BRITTANY BLVD FT. MYERS FL	1. NAME 2. NAME 3. NAME 4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21.	M BEDFORD, KATHLEEN 12670 NEW BRITTANY BLVD FT. MYERS FL	1. NAME 2. NAME 3. NAME 4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22.	M BEDFORD, KATHLEEN 12670 NEW BRITTANY BLVD FT. MYERS FL	1. NAME 2. NAME 3. NAME 4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23.	M BEDFORD, KATHLEEN 12670 NEW BRITTANY BLVD FT. MYERS FL	1. NAME 2. NAME 3. NAME 4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24.	M BEDFORD, KATHLEEN 12670 NEW BRITTANY BLVD FT. MYERS FL	1. NAME 2. NAME 3. NAME 4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 199.07(6), Florida Statutes. I further certify that the information contained in the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and create under oath that I am an officer or director or the owner or holder empowered to execute the reports required by Chapter 677, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with all addresses.

SIGNATURE:

 John C. Bedford 4/26/95 813-472-8444

SIGNATURE AND TYPED OR PRINTED NAME OF NAMING OFFICER OR DIRECTOR