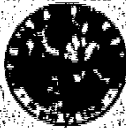


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 2:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L54104 (9)

1. Corporation Name

FRANKLIN & JAMES, INC.

Principal Place of Business

**811-B ERYE DR
OVIEDO FL 32765
US**

Mailing Address

**P O BOX 120191
CLERMONT FL 34712-0191
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1980

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0174505

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. The corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 13649 GRANVILLE AVEN

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

**23 City & State
CLERMONT, FL.**

28 City & State

24 Zip 34711 Country LAKE

29 Zip Country

9. Name and Address of Current Registered Agent

**BOYCE, LAWRENCE F.
5410 MITCHELL BRIDGES RD
CLERMONT FL 34711**

10. Name and Address of New Registered Agent

81 Name

**82 Street Address (P.O. Box Number is Not Acceptable)
13649 GRANVILLE AVENUE**

83

84 City CLERMONT

85 Zip Code FL 34711

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, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOYCE, LAWRENCE F.
STREET ADDRESS	5410 MITCHELL BRIDGES RD
CITY-ST-ZIP	CLERMONT FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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	13649 GRANVILLE AVENUE
1.4 CITY-ST-ZIP	P. O. BOX 120191 CLERMONT, FL 34712
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/2/95 407-399-7107