FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 11 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L62931** **(5)**

1. Corporation Name
W. B. JAGGED CORP.

Principal Place of Business	Mailing Address
1615 CLARE AVENUE WEST PALM BEACH FL 33401	1615 CLARE AVENUE WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/02/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 65-0251254 ☐ 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

O'CONNELL JR, PHIL D.
515 N FLAGLER DR SUITE 1800
WEST PALM BEACH FL 33401

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	O'CONNELL, PHIL D JR	12 NAME	
STREET ADDRESS	515 N FLAGLER DR #1800	13 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH, FLO	14 CITY-ST-ZIP	33401
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	ELMORE, GEORGE T.	22 NAME	
STREET ADDRESS	2350 S CONGRESS AVE	23 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☒ Change ☐ Addition
NAME	BUSSEY, EDWIN O.	32 NAME	
STREET ADDRESS	130 DOLPHIN ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	34 CITY-ST-ZIP	33480
TITLE	SD	41 TITLE	☒ Change ☐ Addition
NAME	MURPHY, MARTIN E.	42 NAME	
STREET ADDRESS	1255 NORTH LAKE WAY	43 STREET ADDRESS	1615 CLARE AVE
CITY-ST-ZIP	PALM BEACH FL	44 CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 on an attachment with an address.

SIGNATURE: M. E. Murphy MARTIN E. MURPHY, SEC. 4/6/95 407/655-3634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0942943 CP