

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L76257** (9)

1. Corporation Name

JUBAN, INC.



Principal Place of Business

Mailing Address

**C/O EVA D. WEATHERS
3321 W. KENNEDY BLVD.
TAMPA FL 33609**

**C/O EVA D. WEATHERS
3321 W. KENNEDY BLVD.
TAMPA FL 33609**

3. Date Incorporated or Qualified

05/25/1990

3a. Date of Last Report

11/06/1995

4. FEI Number

65-0207223

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

**WEATHERS, EVA D.
3321 W. KENNEDY BLVD.
TAMPA FL 33609**

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 officer or director of corporation (If not applicable, delete) Signature of registered agent (required when changing agent)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D
WEATHERS, EVA D.**
STREET ADDRESS **3912 AZEELE STREET**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **D
SCHREIER, ALAN**
STREET ADDRESS **14002 NOTREVILLE DR.**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/96

813-879-8882

CR2E034 (3/96)