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 MAY -1 PM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L84125 (8)

1. Corporation Name
JEN-MAR PROPERTIES, INC.

Principal Place of Business	Mailing Address
% CHALMER WILLIAM NICHOLSON, III 1836 WOODWARD ST. ORLANDO FL 32803-1295	% CHALMER WILLIAM NICHOLSON, III 1836 WOODWARD ST. ORLANDO FL 32803-1295

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1990
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-3020097 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 340 WILSHIRE PLAZA	26 340 WILSHIRE BLVD
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23 CASSELBERRY, FL.	City & State 28 CASSELBERRY, FL.
Zip 24 32707 Country 25 USA	Zip 29 32707 Country 30 USA

9. Name and Address of Current Registered Agent

NICHOLSON, CHALMER WILLIAM, III
1836 WOODWARD ST.
ORLANDO FL 32803

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable) 340 WILSHIRE BLVD.
63 WILSHIRE PLAZA
64 City CASSELBERRY FL 65 Zip Code 32707

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☑ Change ☐ Addition
NAME	NICHOLSON, CHALMER W.III	1.2 NAME	NICHOLSON, CHALMER W. III
STREET ADDRESS	1985 HOWELL BRANCH RD.	1.3 STREET ADDRESS	340 WILSHIRE BLVD.
CITY ST ZIP	MAITLAND FL	1.4 CITY ST ZIP	CASSELBERRY, FLORIDA 32707
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 119.07(3)(k), 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: Chalmer W. Nicholson III 4-28-95 1-407-767-6557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0064630 CP