

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**

05 APR 20 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L85632

(2)

1. Corporation Name

JAMAC CRYSTAL RIVER, INC.

Principal Place of Business

Mailing Address

**253 SE US 19
CRYSTAL RIVER FL 32629**

**253 SE US 19
CRYSTAL RIVER FL 32629**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/28/1990

3a. Date of Last Report

06/27/1994

4. FEI Number

59-3021389

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MICHAELS, THOMAS O.
1370 PINEHURST RD
DUNEDIN, FLK 34698**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME MCMULLEN, JOHN L
STREET ADDRESS 303 EAST LEIGH DR.
CITY - ST - ZIP BELLEAIR FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE VD
NAME FARRIOR, JAMES T.
STREET ADDRESS 11930 W. CREEKSIDE LN
CITY - ST - ZIP HEMOSASSA FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **HEMOSASSA**
2.4 CITY - ST - ZIP

TITLE TD
NAME FARRIOR, ANNE M.
STREET ADDRESS 11930 W. CREEKSIDE LN
CITY - ST - ZIP HEMOSASSA FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **HEMOSASSA**
3.4 CITY - ST - ZIP

TITLE SD
NAME MCMULLEN, THOMAS W.
STREET ADDRESS 624 SNUG ISLAND
CITY - ST - ZIP CLEARWATER FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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 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 of this report or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

JAMES T. FARRIOR

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