

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY -1 PM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M74579

(7)

1. Corporation Name

JAME OF FORT MYERS, INC.

Principal Place of Business

5036 N. AIRPORT RD.
NAPLES FL 33942
US

Mailing Address

9839 RED REEF CT
FORT MYERS FL 33919-3100

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/29/1988

3a. Date of Last Report

04/21/1994

4. FEI Number

65-0043406

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. 193.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 TCBY Yogurt

2a. Mailing Address

26 TCBY Yogurt

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 5036 N. Airport Rd.

23 City & State

28 Naples, Fla.

24 Zip

Country

25 Zip

Country

26 Zip

Country

27 Zip

Country

28 Zip

Country

29 Zip

Country

29 Zip

Country

30 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENSEN, JOSEPHINE
9839 RED REEF CT
FT. MYERS FL 33919

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 registering)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

12 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

14 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

15 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

16 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

17 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

18 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

19 TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY - ST - ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY - ST - ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY - ST - ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY - ST - ZIP

39 TITLE

40 NAME

41 STREET ADDRESS

42 CITY - ST - ZIP

43 TITLE

44 NAME

45 STREET ADDRESS

46 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: J. Hensen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/95

Date

(813) 263-8227

Telephone #