

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 11 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M82832

(0)

1. Corporation Name

SRR LEASING INC.

Principal Place of Business

8341 EPICENTER BLVD
P.O. BOX 91115
LAKELAND FL 33804

Mailing Address

8341 EPICENTER BLVD
P.O. BOX 91115
LAKELAND FL 33804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/26/1988

3a. Date of Last Report
02/21/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2945399

Applied For
Not Applicable

Suite, Apt. # etc

22

Suite, Apt. # etc

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARBLE, LARRY M.
7107 MORNING DOVE LP. W.
LAKELAND FL 33809

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 Agent or Registered Agent (Required)

Signature of Officer or Director (Required)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

PSO
MARBLE, LARRY M.
5619 BAYSHORE RD.
PALMETTO FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
FAHRLAND, THOMAS
1227 HOLLYBANK
MATTHEWS NC

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
BULLOCK, GRAHAM
STAR ROUTE BOX 140E
BLUFFTON SC

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.01(2)(b), 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 as an attachment with an address.

SIGNATURE:

Larry M. Marble
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LARRY M. MARBLE

5-9-95
Date

813-666-3116
Telephone No.

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

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AND
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DOCUMENT # **M84011** (9)

1. Corporate Name

JAZZ SERVICES, INC.

Principal Place of Business

**7130 HENDRY CREEK DR
FT MYERS FL 33908
US**

Mailing Address

**7130 HENDRY CREEK DR
FT MYERS FL 33908
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/06/1988** 3a. Date of Last Report **05/17/1994**

4. FEI Number **65-0033544** 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. 190.005, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. State Apt # etc

22. City & State

23. Zip

2a. Mailing Address

26. State Apt # etc

27. City & State

28. Zip

9. Name and Address of Current Registered Agent

**MILLER, BRADLEY
7130 HENDRY CREEK DR
FT MYERS FL 33908**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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 Registered Agent's Representative)

(Signature of New Registered Agent or Registered Agent's Representative)

(Date)

12. OFFICERS AND DIRECTORS

12.1	DPT
NAME	MILLER, BRADLEY
STREET ADDRESS	7130 HENDRY CREEK DR
CITY & STATE	FT MYERS FL
12.2	DVS
NAME	MILLER, CRYSTAL MARIE
STREET ADDRESS	7130 HENDRY CREEK DR
CITY & STATE	FT MYERS FL
12.3	
NAME	
STREET ADDRESS	
CITY & STATE	
12.4	
NAME	
STREET ADDRESS	
CITY & STATE	
12.5	
NAME	
STREET ADDRESS	
CITY & STATE	
12.6	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

13.1	☐ Change ☐ Addition
13.2	☐ Change ☐ Addition
13.3	☐ Change ☐ Addition
13.4	☐ Change ☐ Addition
13.5	☐ Change ☐ Addition
13.6	☐ Change ☐ Addition
13.7	☐ Change ☐ Addition
13.8	☐ Change ☐ Addition
13.9	☐ Change ☐ Addition
13.10	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is accurately furnished and that it complies with the requirements stated in Sections 119.01(3)(b), 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 for the season or term so empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. (See also Amendment 2002 to Article 9)

SIGNATURE:

Bradley E. Miller
SIGNATURE AND TYPED ON PRINTED NAME OF OFFICER OR DIRECTOR

BRADLEY E. MILLER 813 481 9100
5/10/95 (Signer's Name)