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95 MAY -1 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # M86071 (1)

1. Corporation Name

JUNGLE JIM'S OF FLORIDA, INC.

Principal Place of Business

**% SHARON HADLEY
777 E. MERRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32952**

Mailing Address

**P O BOX 92
777 E. MERRITT ISLAND CAUSEWAY
COCOA FL 32923
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/14/1988

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2909766

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. 192 (17)
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

29

9. Name and Address of Current Registered Agent

**HADLEY, SHARON
777 E. MARRITT ISLAND CAUSEWAY
MERRITT ISLAND FL 32952**

10. Name and Address of New Registered Agent

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 (0602) 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)

(Signature of Secretary of State)

(Date)

12. OFFICERS AND DIRECTORS

NAME	PST HADLEY, SHARON
STREET ADDRESS	777 E. MERRITT ISLD CSWY
CITY & STATE	MERRITT ISLAND FL
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. NAME	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. NAME	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119 (0349), Florida Statutes. I further certify that the information included on this annual report or supplemental official 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 liquidator of the corporation and that my signature shall have the same legal effect as if made under oath. I am a resident of the State of Florida and I am a resident of the State of Florida and I am a resident of the State of Florida.

SIGNATURE:

Sharon Hadley
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4/28/95 4073634516