

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M92000 (2)

1. Corporation Name

JIM'S PIANO & ORGAN SERVICE, INC.



Principal Place of Business

5772 MANDY LN (WAREHOUSE)
TALLAHASSEE FL 32304
US

Mailing Address

1309 DOMINGO DR
TALLAHASSEE FL 32304
US

2. Principal Place of Business

Mailing Address

21 2415 N. MONROE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #225

27

City & State

City & State

23 TALLAHASSEE FL

28

Zip

Country USA

Zip

Country

24 32304

25 LEON

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/01/1988

3a. Date of Last Report
06/15/1995

4. FEI Number
59-2901867

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

10. Name and Address of New Registered Agent

BRUCE A. MINNICK, ESQ.
MANG, RETT & COLLETTE, P.A.
660 E JEFFERSON ST
TALLAHASSEE FL 32301

Moved →

81 Name BRUCE A. MINNICK, ESQ
82 Street Address (P.O. Box Number is Not Acceptable)
2810-A REMINGTON GREEN CIR.
83
84 City TALLAHASSEE FL 85 Zip Code 32308

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SIMS, JAMES REESE
STREET ADDRESS 1309 DOMINGO DRIVE
CITY-STATE-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE
NAME SIMS, JAMES RANDALL
STREET ADDRESS 1309 DOMINGO DRIVE
CITY-STATE-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE
NAME SIMS, LINDA D.
STREET ADDRESS 1309 DOMINGO DRIVE
CITY-STATE-ZIP TALLAHASSEE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

200001789802

-04/23/96--01012--009 Change ☐ Addition

***200.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R. SIMS Pres.

4/17/96 (904) 545-8281

Date

Daytime Phone #

CR2E034 (12/95)