

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT #** M92609

1. Corporation Name

JANES Service Center Inc

235 E. Princeton Ave Orlando FL 32804

Principal Place of Business

Mailing Address

235 E. Princeton Ave Orlando FL 32804

2. Principal Place of Business

2a. Mailing Address

21 235 E. Princeton Ave

Suite, Apt #, etc

Suite, Apt #, etc

22 City & State

27 City & State

ORLANDO FL

SAME

23 32804

28 Zip

24 32804

29 County

25 ORANGE

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JANE Mullins  
235 E. Princeton Ave  
Orlando FL 32804

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

JANE Mullins

Jane Mullins

05/19/95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

President  
JANE Mullins  
352 CECILIA DR  
APT 14, FL 32703

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

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STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

☐ Change ☐ Addition

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 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:

JANE Mullins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANE Mullins

5/19/95

(407)8984505

Telephone Number

APPROVED  
AND  
FILED

95 MAY -1 PM 4: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400001521444

-06/23/95--01011--013

\*\*\*\*\*200.00 \*\*\*\*\*200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8-4-88

3a. Date of Last Report

1994

4. FEI Number

59-290182

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 franchise fees under C 100.002,  
Florida Statutes ☐ Yes ☒ No