

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

APPROVED
AND
FILED

95 MAR 23 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01091

(8)

1. Corporation Name

JERILYN, INC. OF MINNESOTA

Principal Place of Business

10500 ULMERTON RD
#776
LARGO FL 34641
US

Mailing Address

17200-13TH AVENUE NORTH
PLYMOUTH MN 55447

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/02/1984

3a. Date of Last Report

03/02/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FBI Number

41-1560383

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

City & State

23

City & State

28

Zip

Country

24

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKER, LORRAINE
13969 MARTINIQUE DR.
SEMINOLE FL 34646

81 Name

Lorraine Donnelly

82 Street Address (P.O. Box Number is Not Acceptable)

13969 Martinique Dr.

83

84 City

Seminole

FL

85 Zip Code
34646

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

Lorraine Donnelly

(NOTE: Registered Agent signature required when reinstating)

DATE

3-19-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LEMKE, GERALD G.
STREET ADDRESS 17200-13TH AVENUE NORTH
CITY-ST-ZIP PLYMOUTH MN

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

☐ Change ☐ Addition

TITLE STD
NAME LEMKE, MARILYN F.
STREET ADDRESS 17200-13TH AVENUE NORTH
CITY-ST-ZIP PLYMOUTH MN

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Section 110.07(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 or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marilyn F. Lemke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marilyn F. Lemke

Date

Signature Process #

3-16-95 612-173-3604