

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Abmayor
Secretary of State
1900 GULF BLVD., SUITE 100
TALLAHASSEE, FLORIDA 32304-0001

**APPROVED
FILED**

2000-1-14 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P40032

(5)

CI-BUSCH, INC.

Principal Place of Business

**2160 KINGSTON COURT
SUITE N
MARIETTA GA 30067**

Mailing Address

**2160 KINGSTON COURT
SUITE N
MARIETTA GA 30067**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 08/13/1992		3a. Date of Last Report 05/12/1994	
4. FEI Number 58-1881090		Applied For ☐ Not Applicable	
5. Certificate of Status Desired X3X		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added In Fees	
8. The corporation has liability for intangible tax under S. 199.032 Florida Statutes. ☐ Yes ☐ No			

2. Principal Place of Business		2a. Mailing Address	
21. State Apt. # etc.	26. State Apt. # etc.	22. City & State	27. City & State
23. Zip	28. Zip	24. County	29. County
25. County	30. County		

9. Name and Address of Current Registered Agent

**MEYER, THEODORE C.
790 SOUTH OAK AVE.
BARTOW FL 33830**

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 607.0507 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent 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 New Registered Agent

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	DCP HURT, T. JACK 2160 KINGSTON CT. MARIETTA GA	NAME	☐ Change ☐ Addition
NAME	DT HURT, ROSEANNA S. 2160 KINGSTON COURT SUITE N MARIETTA GA	NAME	☐ Change ☐ Addition
NAME	S JOHNSON, RUTH 2160 KINGSTON CT. MARIETTA GA	NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that I am qualified for the position stated in Section 199.032, Florida Statutes. I further certify that the information included 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. This certificate is a condition of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing. I am attaching this certificate with an address.

SIGNATURE:

Ruth Johnson, Secy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ruth Johnson, Secretary

4-28-95

404/952-9145

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Matheson
Secretary of State
TALLAHASSEE, FLORIDA 32399

DOCUMENT # **P40033**

(3)

1. Corporation Name
CIJ-JAX, INC.

APPROVED
FILED

APR 27 1995

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business

**2160 KINGSTON COURT
SUITE N
MARIETTA GA 30067**

Mailing Address

**2160 KINGSTON COURT
SUITE N
MARIETTA GA 30067**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1992

3a. Date of Last Report

05/17/1994

4. FET Number

58-1881091

Applied For

Not Applicable

5. Certificate of Status Desired

XXX

**\$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

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

County

24

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

County

29

30

9. Name and Address of Current Registered Agent

**MEYER, THEODORE C.
790 SOUTH OAK AVE.
BARTOW FL 33830**

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 607.0802 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 607.0905, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or President of Corporation)

(Signature of Registered Agent or President of Corporation)

(Date)

12. OFFICERS AND DIRECTORS

12.1 NAME

**DCP
HURT, T. JACK
2160 KINGSTON CT.
MARIETTA GA**

12.2 NAME

**TD
HURT, ROSEANNA S.
2160 KINGSTON COURT SUITE N
MARIETTA GA**

12.3 NAME

**S
JOHNSON, RUTH
2160 KINGSTON CT.
MARIETTA GA**

12.4 NAME

12.5 NAME

12.6 NAME

12.7 NAME

12.8 NAME

12.9 NAME

12.10 NAME

12.11 NAME

12.12 NAME

12.13 NAME

12.14 NAME

12.15 NAME

12.16 NAME

12.17 NAME

12.18 NAME

12.19 NAME

12.20 NAME

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME

13.2 NAME

13.3 NAME

13.4 NAME

13.5 NAME

13.6 NAME

13.7 NAME

13.8 NAME

13.9 NAME

13.10 NAME

13.11 NAME

13.12 NAME

13.13 NAME

13.14 NAME

13.15 NAME

13.16 NAME

13.17 NAME

13.18 NAME

13.19 NAME

13.20 NAME

14. I hereby certify that the information supplied in this filing is voluntarily furnished and that I am not qualified to have my name on the list of officers and directors. I further certify that the information supplied in this annual report or supplemental annual report is true and accurate and that my signature shall upon the same require the loss of double credit. That I am an officer or director of the corporation or the registered agent or owner of the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of the report or on the official record with an address.

SIGNATURE:

Ruth Johnson
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ruth Johnson, Secretary

APRIL 28, 1995 404/952-9145