

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
SARAH B. SHAW
COMPTROLLER

APPROVED
AND
FILED

95 MAY -1 AM 8:34

DOCUMENT # P92000009311 (1)

1. Corporation Name
JULIN INVESTMENTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
801 LAUREL OAK DR
SUITE 640
NAPLES FL 33963

Alternate Address
801 LAUREL OAK DR.
SUITE 640
NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Reincorporated 12/02/1992	3a. Date of Last Report 04/22/1994
4. FEI Number 65-0374473	Applied For Not Applicable
5. Certificate of Status Desired ☒ Yes ☐ No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199 (132) Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21. Suite Apt. # etc. 22. City & State 23. Zip 24. Country	2a. Alternate Address 26. Suite Apt. # etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

WOODWARD, MARK J
801 LAUREL OAK DR.
SUITE 640
NAPLES FL 33963

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.01, 607.02 and 607.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent of business 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 607.01(3)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
NAME WOODWARD, MARK J STREET ADDRESS 801 LAUREL OAK DR., SUITE 640 CITY & STATE NAPLES FL 33963		NAME Delete Mark J. Woodward	☐ Change ☒ Addition
NAME PIRES, ANTHONY P JR. STREET ADDRESS 801 LAUREL OAK DR., STE. 640 CITY & STATE NAPLES FL		NAME	☐ Change ☐ Addition
NAME		NAME DP FERRAO, AUDREY J. STREET ADDRESS 4001 NORTH TAMiami TRAIL STE 350 CITY & STATE NAPLES FL 33940	☐ 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 the corporation stated in this filing has complied with the provisions of the Florida Statutes. I further certify that the information supplied in 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 a duly authorized director of this corporation, or the person or persons authorized to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I agree to attach my signature to this report.

SIGNATURE:

ANTHONY P. PIRE, Jr. 4/26/95 813-306-3131