

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 2:55**

DOCUMENT # P92000012790 (1)

1. Corporation Name
JS/TB, INC.

Principal Place of Business
**10125 SE SUNSET HARBOR RD
SUMMERFIELD FL 34491**

Mailing Address
**10125 SE SUNSET HARBOR RD
SUMMERFIELD FL 34491**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/18/1992		3a. Date of Last Report 07/22/1994	
21	State, Apt. #, etc.	26	State, Apt. #, etc.	4. F.I. Number 59-3154855		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent

**SPARKS, JANICE G
10125 SE SUNSET HARBOR RD
SUMMERFIELD FL 34491**

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 607.0502 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 607.0509, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	P SPARKS, JANICE G	11 TITLE	☐ Change ☐ Addition
STREET ADDRESS	2433-24TH LANR	12 NAME	
CITY, ST, ZIP	PALM BEACH GARDENS FL 33418	13 STREET ADDRESS	
NAME	TS SPARKS, GARY J	14 CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS	2433-24TH LANR	21 TITLE	
CITY, ST, ZIP	PALM BEACH GARDENS FL 33418	22 NAME	
NAME	V BEVERIDGE, TERESA	23 STREET ADDRESS	☐ Change ☐ Addition
STREET ADDRESS	7425 CRUCITE AVE.	24 CITY, ST, ZIP	
CITY, ST, ZIP	R, CUCAMONGA CA 91730	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	☐ Change ☐ Addition
CITY, ST, ZIP		34 CITY, ST, ZIP	
NAME		41 TITLE	☐ Change ☐ Addition
STREET ADDRESS		42 NAME	
CITY, ST, ZIP		43 STREET ADDRESS	☐ Change ☐ Addition
NAME		44 CITY, ST, ZIP	
STREET ADDRESS		51 TITLE	☐ Change ☐ Addition
CITY, ST, ZIP		52 NAME	
NAME		53 STREET ADDRESS	☐ Change ☐ Addition
STREET ADDRESS		54 CITY, ST, ZIP	
CITY, ST, ZIP		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	☐ Change ☐ Addition
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Chapter 1, Part 2, Florida Statutes. I further certify that this information is made available to the general public at supplemental annual report or true and correct, 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 person or persons empowered to execute this report are required by Chapter 607, Florida Statutes, and that my name appears in block 12 of this report if it changed or is to be added with an address.

SIGNATURE:

Janice Sparks - JANICE SPARKS 2-6-95 407-622-1550
SIGNATURE AND PRINTED NAME OF BOARD OFFICER OR DIRECTOR