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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P93000007325 (2)

JNR, INC.

CITY-ST-ZIP

**SIGNATURE:** 

Principal Place of Business		Mailing Address			I BRITT BRITT BRETT TREAD BILLING THREE BILL TODI
3155 CLARK ROAD SARASOTA FL 34231		3155 CLARK ROAD SARASOTA FL 34231			
				3. Date Incorporated or Qualified 01/26/1993	3a. Date of Last Report 05/01/1995
2. Principal Pla	ace of Business 5 BRADENTON RD	2a. Mailing Address	2011. 10	4. FEI Number	Applied For
21 382 Suite, Apt.			DEN ton RD.	65-0384103	Not Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Asoth FLA.	City & State  28 SARASOTA	A, ECA.	Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
24 3 1/2.	3 4 25 USA	29 34234	Country 30 US-A	8. This corporation has liability for Florida Statutes	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New f	Registered Agent
			81 Name		
ELLISON, RONALD C 3155 CLARK ROAD			82 Street Addre	ess (P.O. Box Number is Not Acceptate C.S. BRADENTOA	ole) RO
SARAS	OTA FL 34231		B3		
			84 City Six	CASOTA	FL 85 Zip Code /
11. Pursuant t	o the provisions of Sections 607.0502 a	and 607.1508, Florida Statutes,	the above panied cornors	ation submits this statement for the nu	rpose of changing its registered office
familiar wit	ed agent, or both, in the State of Florida h, and espept the obligations of, Sectio	n 607.0505, Florida Statutes.	by the corporation's boah	d of directors. I hereby accept the app	
SIGNATURE: _	Honned ( C	llere			4-30.94
12.	Signature, Typed or printed name of registered agent at OFFICERS AND	id tile if øpprikable (NOTE)	Registered Agent signature required 13.		DAIL
TITLE	P	[] DELETE	1 1 TITLE	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12  Change Addition
NAME	ELLISON, RONALD C.		12 NAME		
STREET ADORESS	3825 BRADENTON RD.		13 STREET ADDRESS	825 BRASONE	AP.
CITY-ST-ZIP	SARASOTA FL		14 CHY-SI-ZIP	SHANNIN IF CA	7/234
TITLE		DELFTE	2 1 TITLE	- 13511171	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			23 STREET ADDRESS		•
CITY-ST-Z-P			2 4 CHY - ST - ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CHY-ST-ZIP		
TITLE		DELETE	4 1 THILE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 Crty - St - ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZiP		***************************************	54 CHY-ST-ZIP		
TITLE		☐ DEFELE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			E 2 CTUEET ADODECC		

64 CHTY-ST-ZIP

4-30.96 941-355-3479
Descriptions

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 ethanged, or on an attachment with an address.

Konaed (.