

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
Tallahassee, Florida 32399-0001

**APPROVED
AND
FILED**

DOCUMENT # P93000016145 (3)

For Corporation Name

JAYNE & ASSOCIATES, INC.

5/1/95 - 1/1/96

TALLAHASSEE, FLORIDA

Principal Office Address: **515 N FLAGLER DR
W PALM BCH. FL 33401**
Alternate Address: **515 N FLAGLER DR
W PALM BCH. FL 33401**

Period of Report: 1995 to 1996

3. Date of Report: **02/25/1993**
3a. Date of Last Report: **05/01/1994**
4. FID Number: **65-0412787**
5. Certificate of Status: **Not Applicable**
6. Election Campaign Financing: **\$8.75 Additional Fee Required**
7. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has submitted to the Secretary of State: ☒ Yes ☐ No

2. Principal Office: **21**
22. **22**
23. **23**
24. **24**
25. **25**
26. **26**
27. **1450A**
28. **FL**
29. **29**
30. **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COMMANDER, JONATHAN D
515 N FLAGLER DR
SUITE 300-PAVILION
W PALM BCH. FL 33401**

81. Name: **FL**
82. Street Address: **FL**
83. **FL**
84. City: **FL**
85. Zip Code: **FL**

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation, including the adjustment for the purpose of changing its registered office, is a corporation organized in the State of Florida, and that the same was authorized by the corporation's board of directors to hereby accept the appointment of a registered agent. I am the duly authorized representative of the corporation for this purpose.

Signature:

Printed Name of Registered Agent: **COMMANDER, JONATHAN D**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	P JAYNE, LINDA N. 242 ALPINE RD. WEST PALM BEACH FL	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	☐ Change ☐ Addition
ZIP CODE		ZIP CODE	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	☐ Change ☐ Addition
ZIP CODE		ZIP CODE	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	☐ Change ☐ Addition
ZIP CODE		ZIP CODE	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	☐ Change ☐ Addition
ZIP CODE		ZIP CODE	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law for Florida's closely held corporations. I further certify that the information included on this annual report or supplemental annual report is true and accurate, and that my capital is stated with the same long office and made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 662, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an affidavit with an address.

SIGNATURE:

[Signature]

LINDA JAYNE

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95

407-655-5211