FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AB

95 MAY 11 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000038005 (3)**

1. Corporation Name
JO-MAK SERVICES, INC.

Principal Place of Business
4940 WITCH LANE
LAKE WORTH FL 33461

Mailing Address
4940 WITCH LANE
LAKE WORTH FL 33461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/26/1993**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **65-0415089** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$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 § 199.032, Florida Statutes: X Yes ☐ No

9. Name and Address of Current Registered Agent
MCELYEA, JOEY
4940 WITCH LANE
LAKE WORTH FL 33461

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 Section 607.0505, 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. The name and address of the registered office and the name of the registered agent of this corporation shall be as set forth below.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCELYEA, JOEY W
STREET ADDRESS	4940 WITCH LANE
CITY, ST, ZIP	LAKE WORTH FL 33461

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Sec. 119.07(3)(i), Florida Statutes. Further certify that the information indicated on the annual report or supplemental annual report is true and in order 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 changed or added) above with an asterisk.

SIGNATURE: Joey W. McElyea President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-95 — Date
407-968-8943 — Daytime Phone

0970203 CP