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

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # <b>P93000038291 (9</b>	9)
-----------------------------------	----

JIMMIE'S FLEA MARKET, INC.



Principal Place o	f Business	Mailing Address								
RT 1 BOX 3329F MADISON FL 32340		RT 1 BOX 3329F MADISON FL 32340								
						3. Date Incorporated or Qualified 05/27/1993		of Last R 13/16/19	.	
						4, FEI Number	.l <u>Y</u>		Applied For	
2. Principal Plac	e of Business	·	2a. Malling Address			'			Not Applicable	
21		26 Cuite Ant 6 ole				59-3186718			5 Additional	
Suite, Apt #,	elc.	27 Stiffe, Apr. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee	Required	
City & State		City & State	""J			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
<b>23</b>   Ζφ	Country Zip Cou			ntry		This corporation has liability for intangible tax under s 199.032.     Florida Statutes				
24	25	29	30			10. Name and Address of New Registered Agent				
	g. Name and Address of Curren	nt Registered Agent		81	Name	10. Name and Address of New York	OBIOCOI OF			
					ĺ					
RAGANS			82 Stre 83			dress (P.O. Box Number is Not Acceptable)				
RT 1 BO MADISO	N FL 32340									
***************************************				84	City		FL	<b>85</b> Z	ip Code	
44 Divorced to	the provisions of Sections 607 0502	2 and 607 1508. Florida Statut	es, the abo	Ll VO-f	named corpora	ation submits this statement for the pur	pose of ch	anging its	registered office	
er econologic	diagont or both in the State of Fiblic	da. Such change was huulotz	EGULDA FLICA	corp	oration's boar	d of directors. Thereby accept the appoint	ointment as	s registere	d agent. I am	
familiar with	, and accept the obligations of, Sect	tion boy, ooos, Florida Statutes	<b>5</b> .							
SIGNATURE	ignature, typod or printed name of registered agent	r and title if applicable.	OTE: Rogistered	Ager	nt signature required	l when reinstating)	DATE			
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFF				
TITLE	D	DELETE	1.11	TLE				Change	Addition	
NAME	RAGANS, JIMMIE	AE		1.2 NAME					į	
STREET ADDRESS	RT 1 BOX 3329F			THEET	ADDRESS				1	
City-ST-ZIP	MADISON FL 32340	1.4 C	1.4 CITY~ \$1 - 7IP							
TITLE	D	☐ DELETE	2.11	ThE				Change	Addition	
NAME	RAGANS, LATRELLE		2.2 NAME							
STREET ADORESS	RT 1 BOX 3329F		2.3 STREET ADDRESS							
CITY-ST-ZIP	MADISON FL 32340		2 4 C	1 <b>1</b> Y - S	ST - ZIP			F3 01	F 3 Addition	
TITLE		☐ DEL€ 1E	3.11	FITLE				Change	Addition	
NAME			32 N	IAME	1					
STREET ADDRESS			33.5	STREE	T ADDRESS					
CITY-ST-ZIP					ST-ZIP			["] Chanca	Addition	
TITLE		☐ DELETE	4.1	TITLE				Change	E vocition	
NAME			4.2 N	IMMI						
STREET ADDRESS			4.3 S	IREE	f ALIDRESS					
CITY - ST - ZIP					ST-ZIP			Change	Addition	
TITLE		☐ DELETE	5. 1	TITLE				FT Pushba	Addition	
NAME			521	IAME						
STREET ADDRESS			5.3 9	STHEE	T ADDRESS				Ì	
CiTY-ST-7IP			5.4 (	ITY -	S1-ZIP			F 1 C	. Fl Addition	
TITLE		DELETE	6. 1	TITLE				Change	e 🔲 Addition	
NAME			6.21	SMA						
STREET ADDRESS			€35	STREE	1 ADDRESS					
			640	Offy-	ST-ZIP			, , , , A	taken (Analysis	
4.4 Ldo borob	cortify that the information supplied	I with this filing is voluntarily ful	rnished and	doe	es not qualify f	or the exemption stated in Section 119	i.Q7(3)(k), F	iorida Stat	utes, 1 turther	

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 changed, or on an attachment with an address.

Daysmo Prione #