FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000066818 (4)**

1. Corporate Name
A JAMAIS, INC.

Principal Address
4196 CORPORATE SQUARE
NAPLES FL 33942

Mailing Address
4196 CORPORATE SQUARE
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/20/1993**
3a. Date of Last Report: **04/28/1994**

2. Principal Address — 21
2a. Mailing Address — 26
4. FEI Number: **65-0453018** ☐ Applied For ☐ Not Applicable

State — 22
State — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 — County — 25
Zip — 29 — County — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

EASTMAN, JULIE M
4196 CORPORATE SQUARE
NAPLES FL 33942

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(s) 607.1908, 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS

Title	D
Name	EASTMAN, RON C
Address	5940 20TH AVE SW
City, St, Zip	NAPLES FL 33999
Title	D
Name	EASTMAN, JULIE M
Address	4751 GULF SHORE BLVD N #904
City, St, Zip	NAPLES FL 33940
Title	
Name	
Address	
City, St, Zip	
Title	
Name	
Address	
City, St, Zip	
Title	
Name	
Address	
City, St, Zip	
Title	
Name	
Address	
City, St, Zip	

13. ADDITIONS, CHANGES, TO OFFICERS AND/OR DIRECTORS

Title	☐ Change ☐ Addition
Name	
Address	
City, St, Zip	
Title	☐ Change ☐ Addition
Name	
Address	
City, St, Zip	
Title	☐ Change ☐ Addition
Name	
Address	
City, St, Zip	
Title	☐ Change ☐ Addition
Name	
Address	
City, St, Zip	
Title	☐ Change ☐ Addition
Name	
Address	
City, St, Zip	
Title	☐ Change ☐ Addition
Name	
Address	
City, St, Zip	

14. I am aware that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), 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 with an address, with an X in the box.

SIGNATURE: Julie M. Eastman — 5/5/95 — 813 643-7508
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
Julie M. Eastman

0320556 CF