

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra O. Mortimer  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 JUL -5 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000075417 (4)**

1. Corporation Name

**INSPIRATIONS BY P.J., INC.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/01/1993** 3a. Date of Last Report **03/25/1994**

4. FEI Number **65-0453322** 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**

7. Does corporation have liability for interest on tax under 1993 U.S. Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

**2096 MACADAMIA STREET  
ST. JAMES CITY FL 33556**

Mailing Address

**P. O. BOX 1407  
FINDLAY OH 45839  
US**

21. State, Apt. #, etc. 26. State, Apt. #, etc.

22. City & State 27. City & State

23. City & State 28. City & State

24. City & State 25. City & State 29. City & State 30. City & State

9. Name and Address of Current Registered Agent

**KRASNY, MIKE  
780 S. APOLLO BLVD.  
MELBOURNE FL 32901**

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. I, the undersigned, the principal officer or secretary of the corporation, hereby certify that the above-named corporation submits the 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 hereby authorized to execute all documents necessary to carry out the purposes of the above-stated change.

Signature

Signature of Principal Officer or Secretary

Signature of Registered Agent

Date

| 12. OFFICERS AND DIRECTORS |                                                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|---------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| NAME                       | DP KRONBERG, PEGGY<br>2096 MACADAMIA ST.<br>ST. JAMES CITY FL | 1. NAME                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                                                               | 2. NAME                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY                       |                                                               | 3. NAME                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STATE                      |                                                               | 4. NAME                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ZIP                        |                                                               | 5. NAME                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1. NAME                    |                                                               | 6. NAME                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME                    |                                                               | 7. NAME                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3. NAME                    |                                                               | 8. NAME                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4. NAME                    |                                                               | 9. NAME                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. NAME                    |                                                               | 10. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME                    |                                                               | 11. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 7. NAME                    |                                                               | 12. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 8. NAME                    |                                                               | 13. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. NAME                    |                                                               | 14. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME                   |                                                               | 15. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. NAME                   |                                                               | 16. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME                   |                                                               | 17. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13. NAME                   |                                                               | 18. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME                   |                                                               | 19. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 15. NAME                   |                                                               | 20. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 16. NAME                   |                                                               | 21. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 17. NAME                   |                                                               | 22. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME                   |                                                               | 23. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 19. NAME                   |                                                               | 24. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 20. NAME                   |                                                               | 25. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21. NAME                   |                                                               | 26. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 94. NAME                   |                                                               | 99. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 95. NAME                   |                                                               | 100. NAME                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information contained in this filing is a true and correct statement of the facts as stated and that the information is true and correct to the best of my knowledge and belief. I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the back of this report as required by Chapter 607, Florida Statutes.

**SIGNATURE:** *Peggy J. Kronberg* **6/28/95 419-423-8502**  
NAME OF AGENT (PRINTED) NAME OF BOARD OFFICER OR DIRECTOR