

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

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**95 MAR 16 AM 11:12**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P93000076507 (1)**

**1. Corporation Name  
JR & ST INC.**

**Principal Place of Business**  
2100 SHILO STREET  
PORT CHARLOTTE FL 33900

**Mailing Address**  
2100 SHILO STREET  
PORT CHARLOTTE FL 33900

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified**  
10/27/1993

**3a. Date of Last Report**  
03/02/1994

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>4. FEI Number</b>		<b>Applied For</b>	
21 1476 Market Circle		26 P.O. Box 731		65-0447741		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		<b>6. Election Campaign Financing</b>		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23 City, State Port Charlotte FL		28 City, State Murdock FL		<b>8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip		25 Country		29 Zip		30 Country	
33988				33988			

**9. Name and Address of Current Registered Agent**

BARCO, CAROLL S  
6220 S. ORANGE BLOSSOM TR.  
#194  
ORLANDO FL 32809

**10. Name and Address of New Registered Agent**

81 Name: Suzanne Graham  
82 Street Address (P.O. Box Number is Not Acceptable): 2100 Shilo St  
83  
84 City: Port Charlotte FL 85 Zip Code: 33980

**11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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** *X Suzanne Graham* **trus** **3/11/95**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	D
<b>NAME</b>	GRAHAM, JAMES R
<b>STREET ADDRESS</b>	280 SHILO ST.
<b>CITY - ST - ZIP</b>	PORT CHARLOTTE FL 33980
<b>TITLE</b>	D
<b>NAME</b>	GRAHAM, SUZANNE T
<b>STREET ADDRESS</b>	280 SHILO ST.
<b>CITY - ST - ZIP</b>	PORT CHARLOTTE FL 33980
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	
<b>1.4 CITY - ST - ZIP</b>	
<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY - ST - ZIP</b>	
<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY - ST - ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY - ST - ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY - ST - ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY - ST - ZIP</b>	

**14. 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, changed, or on an attachment with an address.**

**SIGNATURE:** *X Suzanne Graham* **3/11/95** **813-629-4669**

Signature and typed or printed name of signing officer or director *Suzanne T. Graham* (Typed Name)