FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT

1997



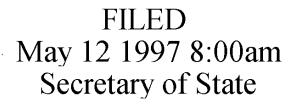
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000076507 (1)

JR & ST INC.





Principal Place of Bu	siness	Mailing Address					
1476 MARKET CIRCLE	50000	P O BOX 731					
PORT CHARLOTTE FL.	33980	MURDOCK FL 33938 US					
				3. Date Incorporated or Qualified 10/27/1993	3a. Date of Last Report 05/01/1996		
3 Principal Class of	Dunimone	2a. Mailing Address			4. FEI Number	1 00/01/198	
2. Principal Place of 21 105 7	Collingswood Bly	Jack Walling Address	3807	3 <i>)</i>	65-0447741	<u> </u>	Applied For Not Applicable
Suite, Apt #, etc	CONTROL TO T	Suite, Apt. #, etc.	2001			□ \$8.°	75 Additional
22 B		27			5. Certificate of Status Desired	, , , , ,	e Required
City & State		City & State	0.	2.0	6. Election Campaign Financing	\$5	.00 May Be
23 PURT Ch	ARIHE IF LORIDA	28 MURDOCK	110	210 11	. Trust Fund Contribution		ded to Fees
Zφ	Country	2/2027	L C∾	intry (8. This corporation has liability for i		der s. 199.032,
24 33953	25 US	29 33700	30	<u>. (2) </u>	Florida Statutes 10. Name and Address of New Re	Yes No	
	Name and Address of Current	Hegistered Agent		81 Name	10. Name and Address of New Re	Sistered Agent	
GRAHAM,				- Ivanie	GRAHAM - OUZ	ANNK.	<u></u>
2180 SHIT(#194	0 31			82 Street Add	ress (P.O. Box Number is Not Acopptab	(a) = = -1	
	RLOTTE FL 33980			83	0 3//100 3//	RC/	
PURI UNA	NEOLIE LE 22800				· .		
				84 City	TALLACIALE	FL 85	Zip Code
11 Discussor to the	provisions of Sections 607 0602	and 607 1508 Florida State	utes the s	hove-named cor	poration submits this statement for the p	urnoce of obann	ing its registered
office or register	ed agent, or both, in the State of	Florida Such change was	authorize	d by the corpora	ntion's board of directors. I hereby accep	the appointmen	nt as registered
agent. Lam tanı	liar with, and accept the obligat	ions of shellon 607.9505, F	-iorida Sta 2/	tutes.	_	5=1=0	ア
SIGNATURE Storage	Typed or provides and bi registered agent	and little if applicable (NC	TE Becister	ed Agent signature requ	ired when reinstating)	DATE	<i></i>
12.	OFFICERS AND		13.	a riga it digitalor to qu	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
nice D		☐ DELETE	1.1 T	ITLE		Cha	inge Addition
NAME GRA	HAM, JAMES R		1.2 N	IAME			
STREET ADDRESS 280	shilo st.		1,3 9	TREET ADDRESS			
CHY-SI-ZIP POR	T CHARLOTTE FL 33980		1.4 (HTY-ST-ZIP	•		
TITLE D		☐ DELETE	2.1 1	ITLE .	(#16###################################	☐ Cha	ange Addition
	HAM, SUZANNE T		2.21	IAME			
	shilo st.		2.3 9	TREET ADDRESS			
CITY-ST-ZIP POR	T CHARLOTTE FL 33980		2. 4	CHTY-ST-ZIP			
THLE		☐ DELETE	3.1]	ITLE	•	☐ Cha	ange [] Addition
NAME			321	IAME			
STREET ADDRESS			3.3 5	STREET AODRESS			
City - S* - 7lP		·	_	CITY-SF-ZIP			
TITLE		☐ DELETE	4.11	ITLE		∐ Cha	ange 🗀 Addition
MAME			4. 2	NAME			
STREET ADDRESS			4.3 9	STREET ADDRESS			
CHY-SI-ZIP				CITY - ST - ZIP		1-1-2	Later and the second
TITLE		☐ DELETÉ		TLE		☐ Ch	ange
NAME				IAME			
STREET ADDRESS			5.3 5	STREET ADDRESS			
CHY-S1-20F				CITY - ST - ZIP			
TITLE		☐ DELETE		ITLE		☐ Ch	ange L. Addition
NAMÉ				NAME			
STREET ADORESS				STREET ADDRESS			
CHY-ST-Z-P			6.41	CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption 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 if changed, or on an attachment with an address.

SIGNATURE: