

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

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**May 12 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P93000076507 (1)**

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



Principal Place of Business  
**1476 MARKET CIRCLE  
PORT CHARLOTTE FL 33980  
US**

Mailing Address  
**P O BOX 731  
MURDOCK FL 33938  
US**

3. Date Incorporated or Qualified <b>10/27/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0447741</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>1057 COLLINGSWOOD Blvd</b>	2a. Mailing Address 26 <b>PO BOX 380B1</b>
Suite, Apt. #, etc. 22 <b>B</b>	Suite, Apt. #, etc. 27
City & State 23 <b>PORT CHARLOTTE, Florida</b>	City & State 28 <b>MURDOCK, Florida</b>
Zip 24 <b>33953</b>	Country 25 <b>US</b>
Zip 29 <b>33938</b>	Country 30 <b>US</b>

9. Name and Address of Current Registered Agent  
**GRAHAM, SUZANNE  
2180 SHILO ST  
#194  
PORT CHARLOTTE FL 33980**

10. Name and Address of New Registered Agent

81 Name <b>GRAHAM - SUZANNE</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2180 SHILO STREET</b>
83
84 City <b>PORT CHARLOTTE</b>
85 Zip Code <b>FL 33980</b>

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: *Suzanne Graham* DATE: **5-5-97**

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input type="checkbox"/> DELETE
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>	<input type="checkbox"/> DELETE
NAME <b>GRAHAM, SUZANNE T</b>	
STREET ADDRESS <b>280 SHILO ST.</b>	
CITY - ST - ZIP <b>PORT CHARLOTTE FL 33980</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: *Suzanne Graham* DATE: **5-5-97** DAYTIME PHONE: **941-629-6669**

CR2E034 (9/96)