

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000084778 (8)

1. Corporation Name
JTG, INC.



Principal Place of Business

255 SOUTH ORANGE AVENUE
SUITE 1550
ORLANDO FL 32801

Mailing Address

255 SOUTH ORANGE AVENUE
SUITE 1550
ORLANDO FL 32801

3. Date Incorporated or Qualified
12/06/1993

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FET Number

59-3219305

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

Suite, Apt. #, etc.

22 401 W. SEMINOLE BLVD #166

City & State

23 SANFORD, FL

Zip

24 32771

Country

25 SEMINOLE

Suite, Apt. #, etc.

27 401 W. SEMINOLE BLVD #166

City & State

28 SANFORD, FL

Zip

29 32771

Country

30 SEMINOLE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIFFIN, H T
255 SOUTH ORANGE AVENUE
SUITE 1550
ORLANDO FL 32801

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D GRIFFIN, J T

938 VINERIDGE RUN, NO. 6-201

ALTAMONTE SPRINGS FL 32714

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D GRIFFIN, NANCY M.

938 VINERIDGE RUN, NO. 6-201

ALTAMONTE SPRINGS FL

TITLE

NAME

STREET ADDRESS

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CITY - ST - ZIP

D GRIFFIN, NANCY M.

938 VINERIDGE RUN, NO. 6-201

ALTAMONTE SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

D. GRIFFIN, J. T.

401 W. SEMINOLE BLVD #166

SANFORD, FL. 32771

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

D. GRIFFIN, NANCY M.

401 W. SEMINOLE BLVD #166

SANFORD, FL. 32771

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

D. GRIFFIN, NANCY M.

401 W. SEMINOLE BLVD #166

SANFORD, FL. 32771

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

D. GRIFFIN, NANCY M.

401 W. SEMINOLE BLVD #166

SANFORD, FL. 32771

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

D. GRIFFIN, NANCY M.

401 W. SEMINOLE BLVD #166

SANFORD, FL. 32771

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 if changed, or on an attachment with an address.

SIGNATURE:

(J.T. GRIFFIN)

4/30/96

407-321-6281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)