

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

FILED  
DIVISION OF CORPORATIONS

95 FEB 14 AM 11:52

**DOCUMENT # P93000086039 (3)**

1. Corporation Name

**FLORIDA JUMP-START CHARGERS, INC.**

Principal Place of Business <b>1512 S.W. 24TH ST. FT. LAUDERDALE FL 33315</b>		Mailing Address <b>1512 S.W. 24TH ST. FT. LAUDERDALE FL 33315</b>		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business <b>21</b>		28. Mailing Address <b>26</b>		3a. Date Incorporated or Organized <b>12/13/1993</b>	
State, Apt. #, etc. <b>22</b>		State, Apt. #, etc. <b>27</b>		3b. Date of Last Report <b>05/01/1994</b>	
City & State <b>23</b>		City & State <b>28</b>		4. FFC Number <b>65-0462271</b>	
Zip <b>24</b>	City <b>25</b>	Zip <b>29</b>	Country <b>30</b>	5. Certificate of Status, Delisted <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>	
				7. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**KING, BILLIE W  
1512 S.W. 24TH ST.  
FT. LAUDERDALE FL 33315**

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

81. Name <b>FL</b>	82. Street Address (P.O. Box Number is Not Acceptable) <b>85. Zip Code</b>
83.	
84. City <b>FL</b>	

**11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, 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 familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.**

**SIGNATURE**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<b>DPS</b>	11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KING, BILLIE W</b>	12 NAME	
STREET ADDRESS	<b>1512 S.W. 24TH ST.</b>	13 STREET ADDRESS	
CITY ST ZIP	<b>FT. LAUDERDALE FL 33315</b>	14 CITY ST ZIP	
NAME	<b>VP</b>	21 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KING, JUDY</b>	22 NAME	
STREET ADDRESS	<b>1512 S.W. 24TH ST.</b>	23 STREET ADDRESS	
CITY ST ZIP	<b>FT. LAUDERDALE FL 33315</b>	24 CITY ST ZIP	
NAME		31 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
NAME		41 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
NAME		51 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
NAME		61 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 110.07(3)(k), Florida Statutes. I further certify that the information included on the 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on my affidavit when so indicated.**

**SIGNATURE:** *Billie W. King* **1-80-95 305-525-6389**

**SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER ON DNR GCR**

**Date**

**Division of State**