SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 10 AM 10: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000087418 (8)**

1. Corporation Name
JBJ COMPANY OF SARASOTA, INC.

Principal Place of Business	Mailing Address
1211 GULF OF MEXICO DR SUITE 712 SARASOTA FL 34228	1211 GULF OF MEXICO DR SUITE 712 SARASOTA FL 34228

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1993
3a. Date of Last Report: 02/16/1994

2. Principal Place of Business
21: 5750 MIDNIGHT PASS RD
22 Suite, Apt. #, etc.: 410-E
23 City & State: SARASOTA, FL.
24 Zip: 34242
25 Country: SARASOTA

2a. Mailing Address
26: 5750 MIDNIGHT PASS RD.
27 Suite, Apt. #, etc.: 410-E
28 City & State: SARASOTA, FL.
29 Zip: 34242
30 Country: SARASOTA

4. FEI Number: NOT APPLICABLE ☐ 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

9. Name and Address of Current Registered Agent

MCKITRICK, JOHN
1211 GULF OF MEXICO DR
SUITE 712
SARASOTA FL 34228

10. Name and Address of New Registered Agent

81 Name: TRUEMAN, JOHN
82 Street Address (P.O. Box Number is Not Acceptable)
83: 5750 MIDNIGHT PASS ROAD
410-E
84 City: SARASOTA
85 FL
Zip Code: 34242

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: JOHN TRUEMAN — 6-30-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	TRUEMAN, JOHN	1.2 NAME	
STREET ADDRESS	5750 MIDNIGHT PASS RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	LYNCH, HUGH J	2.2 NAME	
STREET ADDRESS	5600 DUCK ROW	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTON OH 45429-1968	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	RICCI, THOMAS C. & BARBARA E.	3.2 NAME	
STREET ADDRESS	37 CLERMONT LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LADUE, MISSOURI 63124	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: JOHN TRUEMAN — 6-30-95 (813) 349-0132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOHN TRUEMAN

0100022 CP