

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000001192 (1)**

1. Corporation Name  
**JERK HUT, INC.**

Principal Place of Business <b>11900 N NEBRASKA AVE SUITE 10 TAMPA FL 33612</b>	Mailing Address <b>11900 N NEBRASKA AVE SUITE 10 TAMPA FL 33612</b>
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>12/27/1993</b>	3a. Date of Last Report <b>04/28/1994</b>
4. FEI Number <b>59-3216331</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent  
**SAUNDERS COHEN, GAIL PATRICE S  
11900 N NEBRASKA AVE  
SUITE 10  
TAMPA FL 33612**

10. Name and Address of New Registered Agent

81 Name <b>VERA ASHMEADE, VERDI L.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>11900 N NEBRASKA AVE</b>
83 <b>SUITE 10</b>
84 City <b>TAMPA</b>
FL 85 Zip Code <b>33612</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 *George A. Ashmeade* **VERDI L. ASHMEADE** **4-28-95**  
Signature, typed or printed name of registered agent and firm if applicable NOTE: Registered Agent signature required when resigning DATE

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	NAME <b>SAUNDERS COHEN, GAIL PATRICE</b>
STREET ADDRESS <b>39198 75TH ST W APT 1906</b>	CITY - ST - ZIP <b>BRADENTON FL 34209</b>
TITLE <b>D</b>	NAME <b>COHEN, WAYNE A</b>
STREET ADDRESS <b>39198 75TH ST W APT 1906</b>	CITY - ST - ZIP <b>BRADENTON FL 34209</b>
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>D</b>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME <b>ASHMEADE, GEORGE A</b>	
1.3 STREET ADDRESS <b>3222 LAS BRISAS DR</b>	
1.4 CITY - ST - ZIP <b>RIVERVIEW FL 33569</b>	
2.1 TITLE <b>D</b>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME <b>ASHMEADE, VERDI L</b>	
2.3 STREET ADDRESS <b>3222 LAS BRISAS DR</b>	
2.4 CITY - ST - ZIP <b>RIVERVIEW FL 33569</b>	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 of this report, or in an attachment with an address.

SIGNATURE: *George A. Ashmeade* **GEORGE A. ASHMEADE** **4-28/95 (313) 685-1516**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (System Print)