FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STAT
DIVISION OF CORPORATI
95 APR -7 AM 11:4

DOCUMENT # **P94000012759 (4)**

1. Corporation Name
JEMESCO, INC.

Principal Place of Business	Mailing Address
15476 N.W. 77TH COURT SUITE 347 MIAMI LAKES FL 33016	15476 N.W. 77TH COURT SUITE 347 MIAMI LAKES FL 33016

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/03/1994
3a. Date of Last Report:

2. Principal Place of Business
21 14715 BALGOWAN
22 Suite, Apt. #, etc.: 202
23 City & State: MIAMI LAKES, FLORIDA
24 Zip: 33016
25 Country: USA

2a. Mailing Address
26 14715 BALGOWAN
27 Suite, Apt. #, etc.: 202
28 City & State: MIAMI LAKES, FLORIDA
29 Zip: 33016
30 Country: USA

4. FEI Number: 31-1317534 ☐ 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

WARFIELD, PAUL D
15476 N.W. 77TH COURT
SUITE 347
MIAMI LAKES FL 33016

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 14715 BALGOWAN, #202
83
84 City: MIAMI LAKES **FL** 85 Zip Code: 33016

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	PAUL D. WARFIELD	12 NAME	
STREET ADDRESS	14715 BALGOWAN ROAD, #202	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES, FLORIDA 33016	14 CITY-ST-ZIP	
TITLE	TREASURER	21 TITLE	☐ Change ☐ Addition
NAME	BEVERLY A. WARFIELD	22 NAME	
STREET ADDRESS	14715 BALGOWAN ROAD, #202	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES, FLORIDA 33016	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ 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 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: Beverly A. Warfield BEVERLY A. WARFIELD 4-4-95 305-826-1876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000V808 CR