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 STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:39

DOCUMENT # P94000017348 (1)

1. Corporation Name

J.T. HOLDINGS, INC.

Principal Place of Business	Mailing Address
6202 BENJAMIN RD. SUITE 115 TAMPA FL 33634	6202 BENJAMIN RD. SUITE 115 TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 8102 N. Sheldon Rd.	26 8102 N. Sheldon Rd.
Suite, Apt. #, etc. 22 # 207	Suite, Apt. #, etc. 27 # 207
City & State 23 Tampa FL	City & State 28 Tampa, FL
Zip 24 33615 Country 25 USA	Zip 29 33615 Country 30 USA

4. FEI Number: 59 - 3230549 ☐ 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	10. Name and Address of New Registered Agent
HARRIS, BONNIE A 6202 BENJAMIN RD. SUITE 115 TAMPA FL 33634	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 8102 N. Sheldon Rd. 83 # 207 84 City: Tampa 85 FL Zip Code: 33615

11. Pursuant to the provisions of Section 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] Bonnie A. Harris 2/18/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☒ Change ☐ Addition
NAME	HARRIS, BONNIE A	1 2 NAME	
STREET ADDRESS	6202 BENJAMIN RD. #115	1 3 STREET ADDRESS	8102 N. Sheldon Rd. #207
CITY-ST-ZIP	TAMPA FL 33634	1 4 CITY-ST-ZIP	Tampa, FL 33615
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		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	

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: [signature] Bonnie A. Harris 813/885-4447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
2/18/95

0301714 CP