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 MAY 30 PM 9:07

DOCUMENT # **P94000032704 (6)**

1. Corporation Name

JRI ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3208-B LEE BLVD LEHIGH ACRES FL 33971	3208-B LEE BLVD LEHIGH ACRES FL 33971

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 904 Lee BLVD
Suite, Apt. #, etc.
22: Suite 105
City & State
23: LEHIGH ACRES, FL.
Zip
24: 33936
Country
25: Lee

2a. Mailing Address
26: P. O. Box 1105
Suite, Apt. #, etc.
27:
City & State
28: LEHIGH ACRES, FL.
Zip
29: 33970-1105
Country
30: Lee

4. FEI Number: 65-0495064 ☐ 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

REGAS-WRIGHT, VICKI LU
3208-B LEE BLVD
LEHIGH ACRES FL 33971

10. Name and Address of New Registered Agent

81 Name: MICKI JAMES REGAS
82 Street Address (P.O. Box Number is Not Acceptable): 904 Lee BLVD. #106
83:
84 City: LEHIGH ACRES FL 85 Zip Code: 33936

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: Micki James Regas — 5-24-95
Signature, name of 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	11 TITLE		☐ Change ☐ Addition
NAME	REGAS, MICKI JAMES	12 NAME		
STREET ADDRESS	904 LEE BLVD #106	13 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL 33936	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	REGAS-WRIGHT, VICKI LU	22 NAME		
STREET ADDRESS	3208-B LEE BLVD	23 STREET ADDRESS	REMOVE	
CITY-ST-ZIP	LEHIGH ACRES FL 33971	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 exception 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: Micki James Regas — 5-24-95 — 813-369-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0335884 CP