

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000036467 (6)**

1. Corporation Name

J & S URIBE, INC.

Principal Place of Business

275 INDIGO DR
#201
DAYTONA BEACH FL 32114

Mailing Address

275 INDIGO DR
#201
DAYTONA BEACH FL 32114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1984

3a. Date of Last Report

4. FEI Number

59-3243780

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

6. This corporation has liability for intangible tax under S. 100.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 427 S. NOVA RD.

Suite, Apt. #, etc.

2a. Mailing Address

26 427 S. NOVA RD

Suite, Apt. #, etc.

City & State

23 ORMOND BEACH FL

City & State

28 ORMOND BEACH, FL

Zip

24 32174

County

25 Volusia

Zip

29 32174

County

30 Volusia

9. Name and Address of Current Registered Agent

URIBE, JOHN
275 INDIGO DR
#201
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

427 S. NOVA RD

83

84 City

ORMOND BEACH

FL

85 Zip Code

32174

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

4-29-95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	URIBE, JOHN
STREET ADDRESS	275 INDIGO DR #201
CITY - ST - ZIP	DAYTONA BEACH FL 32114
TITLE	D
NAME	URIBE, S.M.
STREET ADDRESS	275 INDIGO DR #201
CITY - ST - ZIP	DAYTONA BEACH FL 32114
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	P + T	☐ Change ☒ Addition
1.2 NAME	John Uribe	
1.3 STREET ADDRESS	427 S. NOVA RD	
1.4 CITY - ST - ZIP	ORMOND BEACH FL 32174	
2.1 TITLE	VP + S	☐ Change ☒ Addition
2.2 NAME	S.M. Uribe	
2.3 STREET ADDRESS	427 S. NOVA RD	
2.4 CITY - ST - ZIP	ORMOND BEACH FL 32174	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
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 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, and that I am authorized 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 in an addendum with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BRIDGING OFFICER OR DIRECTOR

JOHN URIBE PRESIDENT

4/29/95 (904) 676-0224