

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000050945 (2)

1. Corporation Name
JOBETH FUTURES, INC.

Principal Place of Business Mailing Address
3101 S.W. 34 AVE., #104 3101 S.W. 34 AVE., #104
OCALA FL 34474 Ocala FL 34474

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
07/06/1994

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

4. FEI Number Applied For
59-~~3255~~490 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. 100.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURDINE, PHYLLIS J
1522 NE 9 ST.
OCALA FL 34470

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 in printed name of registered agent and the 1 applicant)

(Print Registered Agent signature (required when terminating))

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **D**
NAME: **BURDINE, PHYLLIS J**
STREET ADDRESS: **1522 NE 9 ST.**
CITY, ST, ZIP: **OCALA FL 34470**

11 TITLE: Change Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

TITLE: **D**
NAME: **LORENZ, GEORGE**
STREET ADDRESS: **1545 NE 8 ST.**
CITY, ST, ZIP: **OCALA FL 34470**

21 TITLE: Change Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

TITLE: **D**
NAME: **LORENZ, PAMELA D**
STREET ADDRESS: **1545 NE 8 ST.**
CITY, ST, ZIP: **OCALA FL 34470**

31 TITLE: Change Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:

41 TITLE: Change Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:

51 TITLE: Change Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:

61 TITLE: Change Addition
62 NAME
63 STREET ADDRESS
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 149.07(3)(b), 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: *Phyllis J. Burdin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-95
Date

904-287-2522
Telephone Number

200-00