FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000055486 (2)**

1. Corporation Name

MASON JAR INC.

Principal Place of Business	Mailing Address
~~3790 NE 27TH CT~~ 11685 S US 441 ~~OCALA FL 34479~~ Belleview, Fl 34420	~~3790 NE 27TH CT~~ 11685 S. US 441 ~~OCALA FL 34479~~ Belleview, Fl 34420

2. Principal Place of Business	2a. Mailing Address
21 11685 S. US 441	26 Same
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Belleview Fl	28 City & State
24 Zip: 34420 25 Country	29 Zip 30 Country

3. Date Incorporated or Qualified: 07/25/1994
3a. Date of Last Report: 04/10/1995
4. FEI Number: 59-3257732 ☐ 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

BARNES, HELEN M
3790 NE 27TH CT
OCALA FL 34479

10. Name and Address of New Registered Agent

81 Name: Thomas Q Roseberry
82 Street Address (P.O. Box Number is Not Acceptable): 11685 S. US 441
83
84 City: Belleview FL 85 Zip Code: 34420

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: Thomas Q Roseberry — 3/27/96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when name changed) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ROSEBERRY, THOMAS Q		1.2 NAME	
STREET ADDRESS	~~24 GLADYS AVE~~ 13763 CR 109 N		1.3 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL 32159		1.4 CITY-ST-ZIP	
TITLE	D	☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LEAHY, ROBERT A		2.2 NAME	
STREET ADDRESS	141 LEONARD DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL 32159		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROSEBERRY, ELIZABETH A		3.2 NAME	
STREET ADDRESS	~~80 LEONARD DR~~ 8230 CR 109		3.3 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL 32159		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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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)(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 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: THOMAS Q ROSEBERRY Thomas Q Roseberry — 3/16/96 — 8352347 6064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)