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 # **P94000066973 (6)**

1. Corporation Name

JIM LAFRAMBOISE SERVICES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
748 GLOUCHESTER ST. BOCA RATON FL 33487 US	748 GLOUCHESTER ST. BOCA RATON FL 33487 US

3. Date Incorporated or Qualified: **09/08/1994**
3a. Date of Last Report: **03/21/1995**

4. FEI Number: **65-0518387** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

WOLFE, HAROLD E JR.
2300 PALM BEACH LAKES BLVD
SUITE 302
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

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 607.1505, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	P	☐ DELETE
NAME	LAFRAMBOISE, JAMES J	
STREET ADDRESS	748 GLOUCHESTER ST.	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	T	☐ DELETE
NAME	LAFRAMBOISE, NOREEN H	
STREET ADDRESS	748 GLOUCHESTER ST.	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VSD	☐ DELETE
NAME	HIGGINS, JACQUELINE A	
STREET ADDRESS	748 GLOUCHESTER ST.	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	D	☐ DELETE
NAME	LAFRAMBOISE, TIMOTHY J.	
STREET ADDRESS	9313 HINSON DR.	
CITY-ST-ZIP	MATTHEWS NC 28105	
TITLE	D	☐ DELETE
NAME	HARRIS, LISA M	
STREET ADDRESS	10311 SAVANNAH CT NW	
CITY-ST-ZIP	SILVERDALE WA 98383	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	D	☑ Change ☐ Addition
5.2 NAME	HARRIS, LISA M	
5.3 STREET ADDRESS	44-E Weeks Ave	
5.4 CITY-ST-ZIP	Bremerton WA 98312	
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 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: Noreen H Laframboise 3/15/96 407 998 7794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Noreen H. Laframboise

CR2E034 (12/95)