

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90096 023 ***150.00

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1. Corporation Name

JIM LAFRAMBOISE SERVICES OF FLORIDA, INC.

Principal Place of Business

748 GLOUCESTER ST.
BOCA RATON FL 33487
US

Mailing Address

748 GLOUCESTER ST.
BOCA RATON FL 33487
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1994

4. FEI Number

65-0518387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

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 607.1508, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME LAFRAMBOISE, JAMES J
STREET ADDRESS 748 GLOUCESTER ST.
CITY-ST-ZIP BOCA RATON FL 33487

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE T ☐ DELETE

NAME LAFRAMBOISE, NOREEN H
STREET ADDRESS 748 GLOUCESTER ST.
CITY-ST-ZIP BOCA RATON FL 33487

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

LISA M. HARRIS
219 MAFFIN ST.
Middletown, RI 02842

TITLE VSD ☐ DELETE

NAME HIGGINS, JACQUELINE A
STREET ADDRESS 748 GLOUCESTER ST.
CITY-ST-ZIP BOCA RATON FL 33487

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TIMOTHY J. LAFRAMBOISE
4004 FOXES TRAIL
4004 FOXES TRAIL
CRAHELTOWN, NC 28032

TITLE D ☐ DELETE

NAME LAFRAMBOISE, TIMOTHY J.
STREET ADDRESS 9313 HINSON DR.
CITY-ST-ZIP MATTHEWS NC 28105

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME HARRIS, LISA M
STREET ADDRESS 44-E WENKER AVE
CITY-ST-ZIP BREMERTON WA

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

James J. Laframboise
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99
Date

561 998 4772
Daytime Phone #

CR2E034 (11/98)

0063570