

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

1995 JUN -8 AM 11:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

600001509546
 -06/09/95--01029--003
 *****200.00 *****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000069622 (6)

1. Corporation Name

JO-LYN'S PLACE INC.

Principal Place of Business

305 HIBISCUS AVENUE
 APT 1
 POMPANO BEACH FL 33062

Mailing Address

305 HIBISCUS AVENUE
 APT 1
 POMPANO BEACH FL 33062

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/21/1994

3a. Date of Last Report

N/A

4. FEI Number

65-0522858

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

AUGUSTINE, LINDA
 305 HIBISCUS AVENUE
 APT 1
 POMPANO BEACH FL 33062

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

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

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

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

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

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

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

61 TITLE
 62 NAME
 63 STREET ADDRESS
 64 CITY, ST, ZIP

(A) PRESIDENT (R)
 LINDA AUGUSTINE
 305 HIBISCUS AVE APT 1
 POMPANO BEACH FL 33062

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

Remitted In Time

☐ Change ☐ Addition

6-8-95

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)(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:

Linda Augustine President

6/5/95

305-787-9182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Type Name Here)

CR2E034 (3/95)