

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 5:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000081575 (0)**

1. Corporation Name

JUST PRICED RTE. INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

10/31/1994

4. FEI Number

65-0559238

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

22590 S.W. 252ND STREET
HOMESTEAD FL 33031

22590 S.W. 252ND STREET
HOMESTEAD FL 33031

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

25. County

28. Zip

30. County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALEXANDER, JOHN R
22590 S.W. 252ND STREET
HOMESTEAD FL 33031

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

Typed or printed name of registered agent and the corporation

Typed or printed name of registered agent and the corporation

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
ALEXANDER, JOHN R
22590 S.W. 252ND STREET
HOMESTEAD FL 33031

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

11. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
ALEXANDER, NICOLE M
22590 S.W. 252ND STREET
HOMESTEAD FL 33031

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

11. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

11. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

11. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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

11. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY, ST, ZIP
☐ Change ☐ Addition

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)(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: x John R Alexander
Typed or printed name of signing officer or director

x 4-6-95 x 2472771
(Date) (Signature/Number)