FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000086678 (7)**

1. Corporation Name

JNR PROPERTIES, INC.

Principal Place of Business	Mailing Address
P O BOX 254 CLERMONT FL 34712	P O BOX 254 CLERMONT FL 34712

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/28/1994**
3a. Date of Last Report:

21 2. Principal Place of Business	26 2a. Mailing Address	4. FEI Number: 59-3296819	☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
24 Zip / 25 Country	29 Zip / 30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

LARKIN, JOSEPH P
931 W MONTROSE ST
CLERMONT FL 34711

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	LARKIN, JOSEPH P	12 NAME	This Director is deleted
STREET ADDRESS	931 W MONTROSE ST	13 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	VP ☐ Change ☒ Addition
NAME	TUSSING, RICK	22 NAME	
STREET ADDRESS	10332 CLEAR LAKE DR	23 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	P ☐ Change ☒ Addition
NAME	ANTONY, JOHN	32 NAME	
STREET ADDRESS	11130 CRESCENT BAY BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	S ☐ Change ☒ Addition
NAME	RAMNARAIN, SUABI	42 NAME	
STREET ADDRESS	7746 N CHERRY LAKE GROVES RD	43 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	T ☐ Change ☒ Addition
NAME	D'OLIVERIA, JOSEPH	52 NAME	
STREET ADDRESS	4929 WILSHIRE BLVD SUITE 265	53 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90010	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 added on an attachment with an address.

SIGNATURE: Suabi Ramnarain **Suabi Ramnarain, Director** 5-26-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0441013 FP