

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 # P94000091843 (0)

1. Corporation Name

JARAK INCORPORATED



Principal Place of Business

142 S MOON AVE
BRANDON FL 33511

Mailing Address

142 S MOON AVE
BRANDON FL 33511

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/20/1994

3a. Date of Last Report

04/25/1995

4. FEI Number

59-3279560

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

WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

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 the corporation

NOTE: Registered Agent's signature required when changing registered office

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

P
MANDELLA, ROBERT
9302 E DR MARTIN LUTHER KING BLVD
TAMPA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

VP
KELLY, JAMES
610 GOLDEN RAINTREE PLACE
BRANDON FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

S
MANDELLA, KATHLEEN
9302 E DR. MARTIN LUTHER KING BLVD
TAMPA FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

T
SCHANNO, RICHARD
610 GOLDEN RAINTREE
BRANDON FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

804 Granite Rd.
Brandon, FL 33510

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

1008 Pinegrove Dr.
Brandon, FL 33511

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

804 Granite Rd
Brandon, FL 33510

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

1008 Pinegrove Dr.
Brandon, FL 33511

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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:

Robert Mandella

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

Date

813 689-4557

Daytime Phone #

CR2E034 (12/95)