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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

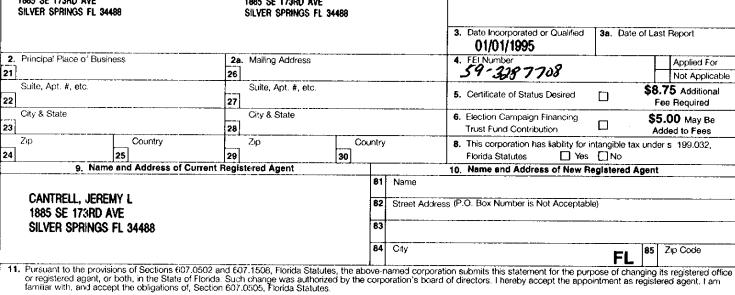
P95000001898 (2)

DOCUMENT # J & G AGENCY, INC.

Principal Place of Business 1885 SE 173RD AVE

Mailing Address

1885 SE 173RD AVE



SIGNATURE						
Signature, typed or printed name of registored 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	D	☐ DELETE	1. 1 TITLE		☐ Change	☐ Addition
NAME	Cantrell, Jeremy L		1.2 NAME			
STREET ADDRESS	1885 SE 173RD AVE		1.3 STREET ADDRESS			
CITY-ST-ZIF	SILVER SPRINGS FL 34488		1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	2 1 TOTLE		Change	☐ Addition
NAME	CANTRELL, VIRGINIA S		2 2 NAME			_
STREET ADDRESS	1885 SE 173RD AVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	SILVER SPRINGS FL 34488		2.4 CITY - ST - ZIP			
TITLE		☐ DELETÉ	3. 1 TITLE		Change	☐ Addition
NAME			3.2 NAME		•	
STREET ADDRESS			3.3 STREET ADDRESS			
C(1) Y - S1 - ZIP			3.4 CITY - ST - ZIP			
THILE		☐ DELETE	4. 1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
THILE		☐ DEFELE	5 1 TITLE		☐ Change	☐ Addition
NAME			52 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CrTY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6. 1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
C(TY-ST-ZIP	could, that the information a malind with the		6 4 CITY - ST - ZIP			

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 manged, it is an attachment with an address.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96 352-625-6407

CR2E034 (12/95)