

FILE NOW: FILING FEE AFTER MAY 1 1995 \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000007707 (9)

1. Corporation Name

JONALISA, INC.



Principal Place of Business

11719 PHOENIX CIR.
TAMPA FL 33618

Mailing Address

11719 PHOENIX CIR.
TAMPA FL 33618

3. Date Incorporated or Qualified

01/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4211 W. WATERS AVE

26 P.O. BOX 271429

4. FEI Number

59-3295520

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # C

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 TAMPA, FL

28 TAMPA, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33614

25 USA

29 33688-1429

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PLASTER, JOAN V
11719 PHOENIX CIR.
TAMPA FL 33618

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~DELETE~~ PRESIDENT/SECRETARY

NAME JOAN V. PLASTER

STREET ADDRESS P.O. BOX 271429

CITY-ST-ZIP TAMPA FL 33688-1429

TITLE ~~DELETE~~ VICE PRES. / TREASURER

NAME WAYNE PLASTER

STREET ADDRESS P.O. BOX 271429

CITY-ST-ZIP TAMPA, FL 33688-1429

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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)(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:

Wayne Plaster, V.P. WAYNE PLASTER

Date

Daytime Phone #

4-9-96

813-884-6455

CR2E034 (12/95)