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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 18 1996 8:00 am  
Secretary of State

DOCUMENT # P95000014945 (6)

1. Corporation Name

JOFOKE INVESTMENTS, INC.



Principal Place of Business

1390 MAIN ST.  
SARASOTA FL 34236

Mailing Address

1390 MAIN ST.  
SARASOTA FL 34236

3. Date Incorporated or Qualified

02/22/1995

3a. Date of Last Report

4. FEI Number

65-0557701

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, DARYL J  
1819 MAIN ST.  
SUITE 1100  
SARASOTA FL 34236

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 date of signature)

Signature (Typed or printed name of registered agent and date of signature)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME GRIFFIN, WILLIAM D  
STREET ADDRESS 1390 MAIN ST.  
CITY-STATE-ZIP SARASOTA FL 34236

TITLE VP/S  
NAME Halloy, Richard A.  
STREET ADDRESS 1390 Main Street  
CITY-STATE-ZIP Sarasota, FL 34236

TITLE VP  
NAME Malone, James A.  
STREET ADDRESS 1390 Main Street  
CITY-STATE-ZIP Sarasota, FL 34236

TITLE VP  
NAME Ward, John  
STREET ADDRESS 1390 Main Street  
CITY-STATE-ZIP Sarasota, FL 34236

TITLE VP/T  
NAME Hammel, Edward J.  
STREET ADDRESS 1390 Main Street  
CITY-STATE-ZIP Sarasota, FL 34236

TITLE Asst.T  
NAME Sheekey, Brian T.  
STREET ADDRESS 1390 Main Street  
CITY-STATE-ZIP Sarasota, FL 34236

1.1 TITLE D/P

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ 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 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 liquidator thereof; and that I am authorized 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 attached sheet.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Halloy

(941) 951-2022

CR2E034 (12/95)