## 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

**DOCUMENT #** 

P95000018118 (6)

| 1. Corporation Name         | 0000010110 (0)  |
|-----------------------------|-----------------|
| JOMAX ENTERPRISES, INC      | <b>)</b> .      |
| Principal Place of Business | Mailing Address |

19003 CEDAR LANE LUTZ FL 33549

Mailing Address

19003 CEDAR LANE LUTZ FL 33549



|                               |   |  |  | ~                               | 3. Date Incorporated or Qualified 03/06/1995  | 3a. Date of Last I                             | Report                             |  |  |
|-------------------------------|---|--|--|---------------------------------|---|--|------------------------------------|--|--|
| _2, Principal Pta<br>21] 3 (0 | Sheffield Circle 26 310 Sheffield Circle                              |  |  | 4. FEI Number                   |   | Applied For                                    |                                    |  |  |
| Strbe, Apt. i                 | opt #, etc. Suite, Apt. #, etc.                                       |  |  | - 14                            | 65-0571003  | <b>\$9.7</b>                                   | Not Applicable                     |  |  |
| 22                            | 27  |  |  |                                 | 5. Certificate of Status Desired S8.75 Additional Fee Required                          |  |                                    |  |  |
| City & State                  | Harbor FL 28 Palm Harbor  |  |  |                                 | Election Campaign Financing Trust Fund Contribution                                     | LJ Add   | 00 May Be<br>ed to Fees            |  |  |
| 4] <sup>(1</sup> 3460         | 25 USA  | Zp Zy(.83  | 30 \                                     | )SA                             | This corporation has liability for Florida Statutes  Xi Yes                             | intangible tax under :<br>: \textbf No         | 199.032,                           |  |  |
| ע שייי ויי                    | 9. Name and Address of Current Registered Agent                       |  |  |                                 |   | 10. Name and Address of New Registered Agent   |                                    |  |  |
|                               |   |  |  | 81 Name                         |   |  |                                    |  |  |
| AMERILA                       | AWYER   |  | •  | 82 Street Ad                    | ddress (P.O. Box Number is Not Acceptab   | -loi   |                                    |  |  |
|                               | 343 ALMERIA AVE.  |  |  |                                 | Street Auditess (F.O. Box Number is Not Acceptable)                                     |  |                                    |  |  |
|                               | GABLES FL 33134   |  |  | 83                              |   |  |                                    |  |  |
|                               |   |  |  | 84 City                         |   | <b></b> 85 Z                                   | ip Code                            |  |  |
|                               |   |  | Ĭ  | ] "                             |   |  | •                                  |  |  |
| or registeri                  | red agent, or both, in the State                                      | 07.0502 and 607.1508, Florida of Florida Such change was a of, Section 607.0505, Florida S | uthorized by the o                       | /e-named corp<br>orporation's b | coration submits this statement for the purposed of directors. Thereby accept the app   | rpose of changing its<br>ointment as registere | registered offici<br>d agent. I am |  |  |
|                               | Separative typical or printed herric of regist                        | ered agent and the it apply able.  | (NOTE Registered                         | Agent signature requ            | uired when reinstating)   | DATE   |                                    |  |  |
| 12.                           | OFFICE  | RS AND DIRECTORS   | 13.                                      |                                 | ADDITIONS/CHANGES TO OFF  |  | ORS IN 12                          |  |  |
| TI'LF                         | P   | DELE   |  |                                 |   | ☐ Change                                       | Addition                           |  |  |
| NAME                          | BLEVINS, JOE M  | 310 Sheffield City   | 1.2 NA                                   |                                 |   |  |                                    |  |  |
| STREET ADURESS                | 19000 CEDAR LANE  | Ol. II. I CI   | 1.3 STI                                  | KEE1 ADDRESS                    |   |  |                                    |  |  |
| (:IIY-81-2)P <u></u><br>1 IUE | L <del>UTZ FL 33549</del>   | Pala Harbor FL DELF  | E 2 1 TII                                | Y-ST-ZIP                        |   | C) Chases                                      | D Addison                          |  |  |
| NAME                          |   |  | 22 NA                                    |                                 |   | Change   | Addition                           |  |  |
| STREET ADDRESS                |   |  |  | VIL<br>VEET ADORESS             |   |  |                                    |  |  |
| interior zer                  |   |  |  | Y - SI - ZIP                    |   | •  |                                    |  |  |
| li'lE                         |   | DELET  |  |                                 |   | ☐ Change                                       | Addition                           |  |  |
| NAME                          |   |  | 3 2 NA                                   | MΕ                              |   | _ ,  | _                                  |  |  |
| STREET ADDRESS                |   |  | 33 ST                                    | REET ADDRESS                    |   |  |                                    |  |  |
| CHY_S1_ZIP                    |   |  | 3.4 CIT                                  | Y - ST - ZIP                    |   |  |                                    |  |  |
| UNTE                          |   | ☐ DELET  | E 4.1 TIT                                | LF                              |   | Change   | ☐ Addition                         |  |  |
| NAME                          |   |  | 4.2 NA                                   | dÉ .                            |   |  |                                    |  |  |
| STR F ADDRESS                 |   |  | 4 3 STE                                  | EET ADDRESS                     |   |  |                                    |  |  |
| DITY_ST_ZIP                   |   |  |  | Y-ST-ZIP                        |   |  |                                    |  |  |
| 11°LE                         |   | ☐ DELET  |  |                                 |   | ☐ Change                                       | ☐ Addition                         |  |  |
| NAME<br>Student Assessment    | 1   |  | 5 2 NAI                                  |                                 |   |  |                                    |  |  |
| STREET ADDRESS                |   |  |  | EFT ADDRESS                     |   |  |                                    |  |  |
| CHY-SE 78<br>Flut             |   | Ŭ DELET  |  | Y-SI-ZIP                        |   |  | □ 1227···                          |  |  |
| MAME.                         |   |  |  |                                 |   | ☐ Change                                       | ☐ Addition                         |  |  |
| NTOUP<br>STROLL ADDRESS       |   |  | 6.2 NAI                                  |                                 |   |  |                                    |  |  |
|                               |   |  | · ·                                      | EET ADORESS                     |   |  |                                    |  |  |
| 011 - \$1 - 71f               | L   | ipplied with this filing is voluntar   | ily furnished and o                      | r-\$T-ZIP<br>loes not qualif    | y for the exemption stated in Section 119.  | 07(3)(k) Florida Statu                         | ites I further                     |  |  |
| certify that<br>oath_that I   | l the information indicated on ti<br>Lam an officer or director of th | his annual report or suppliement   | tal annual report is<br>trustee empowers | true and accu                   | rate and that my signature shall have the<br>this report as required by Chapter 607, Fl | earne legal offect se                          | it mada undar                      |  |  |

SIGNATURE: