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 #

P95000070960 (6)

JB MARLIN COMPANY, INC.					
Principal Place	of Business	Mailing Address	AND A CONTRACT OF A CONTRACTOR	**************************************	LET BOLIN ERLIE INDIN MÜNIM MÜNÜM ÜNUT MÜNT NÜME
213 ELDREDGE ROAD FORT WALTON BEACH FL 32547		213 ELDREDGE ROAD FORT WALTON BEAC			
				3. Date Incorporated or Qualified 09/12/1995	3a. Date of Last Report
Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59 - 333695	Applied For Not Applicable
Suite, Apt. #, etc 22		Suite, Apt #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
Crity & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ 24	Country 25 9. Name and Address of Curre	Zip 29 ant Registered Agent	Country 30	This corporation has liability for Florida Statutes Yes Name and Address of New I	s 🔀 No
	3. 1121110 tilla 71207000 01 02171	an registered rigoni	81 Name		
JENUS, ROSS J			82 Street A	ddress (P.O. Box Number is Not Acceptal	ble)
213 ELI	DREDGE ROAD				
FORT W	VALTON BEACH FL 32547		83		
			84 City		FL 85 Zip Code
or register	o the provisions of Sections 607.050 ed agent, or both, in the State of Fio h, and accept the obligations of, Sec	rida. Such change was authoria	zed by the corporation's h	poration submits this statement for the publication of directors. Thereby accept the app	roose of changing its registered office
SIGNATURE _	Stynature: typed or printed name of registered ag-		Off-Regulered Agent signature re-	····	EMTE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
M:LE Name	President Ross J Jenus	L) bettie	1 1 TITLE 12 NAME		
STREET ADDRESS	noss J Jenus		1 3 STREET ADDRESS		
CITY - ST - ZIP	213 & Wredge RD FT. walton Bch, FL	32547	14 CHY - ST-ZIP		
TITLE	т	☐ DELETE	2 1 TiTLE		Change Addition
NAME	Dewy F. Bell		2.2 NAME		
STREET ADDRESS	91 Meigs Dr		2.3 STREET ADDRESS		
CITY - ST - ZIP	Shalimar, FL 3	2551	2 4 CITY - ST - ZIP	and the second	
TITLE		☐ DELETE	3 1 TIFLE		☐ Change ☐ Addition
NAME			3 2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3 4 CITY - ST - ZIP 4 1 TITLE		Cnange Addition
NAME			4) HILE 42 NAME		Change Addition
STREET ADDRESS					
CITY - ST - ZIP			4.3 STREET ADORESS 4.4 CHTY - ST - ZIP		
THLE		DELETE	5 1 TITLE		Criange Addition
NAM!		<u> </u>	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
City-St-ZiP			5 4 CITY - ST - ZIP		
TITLE		DELETE	6 1 TITLE	and the second control of the second of the	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			64679 65 76		

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 suppliemental 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: 1020 SIGNATURE OF THE DOT PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96 904-243-8838 Date Digital Photos