## 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

P95000087427 (7) **DOCUMENT #** Corporation Name

HALF JESKA INC.				
Principal Place of Business	Mailing Address			
151-F HARRISON DR. SARASOTA FL 34236	151-F HARRISON DR. SARASOTA FL 34236			
			3. Date incorporated or Qualified 11/15/1995	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26	,	6)0601330	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	27 Oity & State		6. Election Campaign Financing	\$5,00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Cou	intry Zip	Country	8. This corporation has liability for	
25	29	30	Florida Statutes Yes	
9. Name and Ad	dress of Current Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
TECHA DODOED I ID				
Jeska, rodger L Jr _151-Rharrison dr.		82 Street Ac	ldress (P.O. Box Number is Not Acceptab	ole)
SARASOTA FL 34236		83		
		84 Orty		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes				FL
Skyrature typed or profesting	OFFICERS AND DIRECTORS	2% Regulation Agent square a regular	ADDITIONS/CHANGES TO OFF	
THEE	DELETE	1 1 TIPLE	CEO MS	Change Addition
NAME		1.2 NAME	Rober L Jeska 5	
STREET ADDRESS		1.3 STHEE! ACORESS 1.4 CITY-ST-ZIP	151 9 Harrison Cla	34236
CITY-ST-ZIP TITLE	☐ DELETE	2 1 TITLE	god son	Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-7IP		2 4 CITY - S1 - ZIF		
TITLE	DELFTE	3 1 Tillé -		Change Addition
NAME		3.2 NAME		
STREET ACORESS		3.3 STREET ADDRESS		
C-TY-ST-ZIP	DELETE	3 4 C/TY - ST - Z/P		Change Addition
TITLE NAME		4.2 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 Cith - St - ZiF		
TITLE	DELETE	5 1 T-1LF	4000018 -05/13/96010	Change Addition
NAME		5.2 NAME 1	-05/13/96016	136016
STREET ADDRESS		5.3 STREET ADDRESS	***200.00	300 010
CITY-SI-ZIF		■		
TITLE		5.4 CITY - ST - ZIP		Chacas C Addition
1 1116	☐ DELE1E	6 1 TILE 6 2 NAME		Change Addition

14. Too hereby certify that the information supplied with this fling 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 exampled, or dy an extraorment it in an address

SIGNING OFFICER OR DIRECTOR

6.3 STREET ADDRESS

€ 4 CHY - ST - 201

SIGNATURE:

STREET ADDRESS

Daytmer Phane: #