

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000088256(9)

1. Corporation Name

JANSON DESIGN CORPORATION

Principal Place of Business

12612 MARSH CREEK DR.
Ponte Vedra Bch. FL
32082

Mailing Address

12612 MARSH CREEK DR
Ponte Vedra Bch FL
32082

2. Principal Place of Business

2a. Mailing Address

21 12612 marsh Creek Dr

26 12612 marsh Creek Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Ponte Vedra FL

City & State

28 Ponte Vedra FL

Zip

24 32082

Country

25 St. Johns

Zip

29 32082

Country

30 St. Johns

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/17/95

3a. Date of Last Report

4. FBI Number

65-0641794

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

10. Name and Address of New Registered Agent

81 Name

NANCY RODRIGUEZ

82 Street Address (P.O. Box Number is Not Acceptable)

12612 marsh Creek DRIVE

83

84 City

Ponte Vedra Beach FL

85 Zip Code

32082

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

Nancy Rodriguez

11/15/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD/VO/STD ☐ DELETE
NAME NANCY RODRIGUEZ
STREET ADDRESS 12612 MARSH CREEK DR
CITY-ST-ZIP Ponte Vedra Bch FL 32082

TITLE STD ☒ DELETE
NAME GARY BLOOME
STREET ADDRESS 100 E. LINTON BLVD, Suite 500B
CITY-ST-ZIP Delray Beach FL 33483

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE name ☒ Change ☐ Addition
1.2 NAME Nancy HANSON to Nancy
1.3 STREET ADDRESS RODRIGUEZ - see attached
1.4 CITY-ST-ZIP marriage license

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME 300002032033--E
2.3 STREET ADDRESS -12/18/96--01019--026
2.4 CITY-ST-ZIP *****8.75 *****8.75

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME 300002032033--E
3.3 STREET ADDRESS -12/18/96--01019--027
3.4 CITY-ST-ZIP *****61.25 *****61.25

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(4), 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:

Nancy Rodriguez

11/15/96

904-285-0792

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (12/95)