

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S31228 (7)

1. Corporation Name

JARVIS, INC.



Principal Place of Business

Mailing Address

2103 INDA AVE  
PENSACOLA FL 32506  
US

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PENSACOLA FL 32506  
US

3. Date Incorporated or Qualified

02/08/1991

3a. Date of Last Report

06/15/1995

4. FEI Number

59-3051249

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

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JARVIS, LESLIE ISABEL  
2103 INDA AVE  
PENSACOLA FL 32506

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

*Leslie I. Jarvis*

LESLIE I. JARVIS

7/9/96

(NOTE: Registered Agent Signature required when reinstating)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT  
NAME JARVIS, LESLIE ISABEL  
STREET ADDRESS 2103 INDA AVE  
CITY-ST-ZIP PENSACOLA FL

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE DV  
NAME PHELPS, SHERRYJ.  
STREET ADDRESS 21 W. LAKE RD  
CITY-ST-ZIP MILTON FL

☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

TITLE DT  
NAME SELLERS, LAURA  
STREET ADDRESS 9981 LYNDALE DR.  
CITY-ST-ZIP PENSACOLA FL

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*Leslie I. Jarvis*

LESLIE I. JARVIS

7/9/96

904-941-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)