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Feb 14 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S42523 (8)

1. Corporation Name
JOLECL, INC.

Principal Place of Business

Mailing Address

4516 CAUSEWAY BLVD.
TAMPA FL 336194516 CAUSEWAY BLVD.
TAMPA FL 33619-51323. Date Incorporated or Qualified
03/26/19913a. Date of Last Report
06/03/1996

2. Principal Place of Business

2a. Mailing Address

21 4135 Causeway Blvd

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22 City & State

27

← SAME

23 Tampa FL

28

City & State

24 Zip

25

Country

29

Zip

Country

33619

25

USA

29

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLEMONS, JOHN L
4516 CAUSEWAY BLVD.
TAMPA FL 33619

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD

NAME CLEMONS, JOHN L

STREET ADDRESS 4516 CAUSEWAY BLVD.

CITY-ST-ZIP TAMPA FL 33619

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2.5 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

3.5 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

4.5 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.5 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.5 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Lee Clemens

Date 2/10/97

Daytime Phone # 813-247-4624

CR2034 (9/96)