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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # S54234 (7)**  
1. Corporation Name  
**JAME C. SUAREZ CORP.**

Principal Place of Business      Mailing Address  
**8251 SW 27 AVE.  
OCALA FL 32678**                      **8251 SW 27 AVE.  
OCALA FL 32678**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business      2a. Mailing Address  
21    26  
Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
22    27  
City & State                              City & State  
23    28  
Zip    Zip    Country    Country  
24    25    29    30

3. Date Incorporated or Qualified      3a. Date of Last Report  
**05/20/1991**                              **04/27/1994**  
4. FEI Number                              Applied For  
**59-3066360**                              Not Applicable  
5. Certificate of Status Desired       **\$8.75 Additional  
Fee Required**  
6. Election Campaign Financing       **\$5.00 May Be  
Trust Fund Contribution              Added to Fees**  
8. This corporation has liability for intangible tax under S. 189.032,  
Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**SUAREZ, JAME C  
8251 SW 27 AVE.  
OCALA FL 32678**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City                                      **FL**      85 Zip Code  
**34476**

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 reconstituting)      DATE

12. OFFICERS AND DIRECTORS  
TITLE      PD  
NAME      **SUAREZ, JAME C.**  
STREET ADDRESS      **1920 S.E. 145TH STREET**  
CITY - ST - ZIP      **SUMMERFIELD FL**  
TITLE      SD  
NAME      **SUAREZ, JANNE P.**  
STREET ADDRESS      **1920 S.E. 145TH STREET**  
CITY - ST - ZIP      **SUMMERFIELD FL**  
TITLE      NAME      STREET ADDRESS      CITY - ST - ZIP  
TITLE      NAME      STREET ADDRESS      CITY - ST - ZIP  
TITLE      NAME      STREET ADDRESS      CITY - ST - ZIP  
TITLE      NAME      STREET ADDRESS      CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE       Change       Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE       Change       Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE       Change       Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
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)(b), Florida Statutes. I further certify that the information furnished 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Jame C. Suarez      4-19-95 (904) 83-0940  
SIGNATURE      TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Mytime (Year #)