

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S54605 (8)

1. Corporation Name
JIMSHE, INC.



Principal Place of Business
200 S HARBOR CITY BLVD
SUITE 501 PENTHOUSE FLOOR
MELBOURNE FL 32901

Mailing Address
C/O WALL, KENNETH R. CPA
P. O. BOX 372408
SATELLITE BEACH FL 32937
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

WALL, KENNETH R.
1680 HIGHWAY A1A
SATELLITE BEACH FL 32937

3. Date Incorporated or Qualified
05/17/1991

3a. Date of Last Report
05/01/1995

4. F.E. Number
59-3067884

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

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1505, 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 of Registered Agent)

(Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

VSD
ALEXANDER, JIMMIE M
RT 3 BOX 283
WEST PLAINS MO

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

PTD
ALEXANDER, SHERRY T
RT 3 BOX 283
WEST PLAINS MO

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

2205 STATE ROUTE CC
WEST PLAINS, MO 65775

☒ Change ☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

2205 STATE ROUTE CC
WEST PLAINS, MO 65775

☒ Change ☐ Addition

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

☐ Change ☐ Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

☐ Change ☐ Addition

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

☐ Change ☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JIMMIE M. ALEXANDER

CR2E034 (12/95)