

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S58581

(7)

1. Corporation Name

J. & S. LIBERTY, INC.

Principal Place of Business

813 10TH STREET
ST. CLOUD FL 34769-3410

Mailing Address

813 10TH STREET
ST. CLOUD FL 34769-3410

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/06/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3089311

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

28

Country

30

9. Name and Address of Current Registered Agent

DEOMATTIE-PERSAUD, SHEILA

813 10TH ST

ST CLOUD FL 34769

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 607.0502 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

DEOMATTIE-PERSAUD, SHEILA

STREET ADDRESS

96 ALDERGROVE DRIVE

CITY - ST - ZIP

MARKHAM, ONTARIO CANADA

TITLE

V

NAME

PERSAUD, JOHN

STREET ADDRESS

96 ALDERGROVE DRIVE

CITY - ST - ZIP

MARKHAM, ONTARIO CANADA

TITLE

T

NAME

PERSAUD, ANTHONY

STREET ADDRESS

62 SWINTON CRESCENT

CITY - ST - ZIP

THORNHILL, ONTARIO CANADA

TITLE

S

NAME

PERSAUD, MICHAEL

STREET ADDRESS

96 ALDERGROVE DRIVE

CITY - ST - ZIP

MARKHAM, ONTARIO CANADA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption noted in Section 119.07(3)(b), 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 the 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:

Michael Persaud
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Persaud
TITLE

April 25/95
DATE

892-8000
TELEPHONE