

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 10 AM 9:17

DOCUMENT # S66763

(1)

1. Corporation Name

JEN & MIKE, INC.

Principal Place of Business

431 ANCHORAGE LANE
NORTH PALM BEACH FL 33408

Mailing Address

431 ANCHORAGE LANE
NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/19/1991

3a. Date of Last Report

01/24/1994

4. FEI Number

65-0272166

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

21 103 S US HWY 1

2a. Mailing Address

25 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

A-2

27 Suite, Apt. #, etc.

28 City & State

23 DULUTH FLORIDA

28 City & State

24 Zip

33477

25 Country

USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

DAVIDSON, MICHAEL
431 ANCHORAGE LANE
NORTH PALM BEACH FL 33408

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 VTS
NAME DAVIDSON, JENNIFER
STREET ADDRESS 431 ANCHORAGE LANE
CITY-ST-ZIP N. PALM BEACH FL

TITLE D
NAME DAVIDSON, JENNIFER
STREET ADDRESS 431 ANCHORAGE LANE
CITY-ST-ZIP N. PALM BEACH FL

TITLE PD
NAME DAVIDSON, MICHAEL
STREET ADDRESS ANCHORAGE LANE
CITY-ST-ZIP N. PALM BEACH FL

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 110.07(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 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: *Michael J. Davidson* MICHAEL J. DAVIDSON

2/17/95

(407) 743-0401

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number