

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 17 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S70852** (6)

1. Corporation Name  
**JSN ENTERPRISES, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**600 HIGHLAND AVE. WINDERMERE FL 34786**

3. Date Incorporated or Qualified **07/29/1991** 3a. Date of Last Report **08/18/1994**

2. Principal Place of Business 2a. Mailing Address  
**1881 Pleasant Hill Rd. PO Box 420850**

4. FEI Number **59-3085165** Applied For  
Not Applicable

21. City & State **KISSIMMEE, FL** 27. City & State **KISSIMMEE, FL**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

22. City & State **KISSIMMEE, FL** 28. City & State **KISSIMMEE, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

24. Zip **34746** 25. Country **U.S.A.** 29. Zip **34742** 30. Country **USA**

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

9. Name and Address of Current Registered Agent  
**BRIGGS, JOHN C  
600 HIGHLAND AVE.  
WINDERMERE FL 34786**

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 agent 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when restate) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>NEWGENT, JACK S</b>
STREET ADDRESS	<b>1881 PLEASANT HILL RD.</b>
CITY - ST - ZIP	<b>KISSIMMEE FL 34746</b>
TITLE	<b>VPST</b>
NAME	<b>BRIGGS, JOHN C</b>
STREET ADDRESS	<b>600 HIGHLAND AVE.</b>
CITY - ST - ZIP	<b>WINDERMERE FL 34786</b>
TITLE	<b>D</b>
NAME	<b>BRIGGS, JOHN C</b>
STREET ADDRESS	<b>600 HIGHLAND AVE.</b>
CITY - ST - ZIP	<b>WINDERMERE FL 34786</b>
TITLE	<b>D</b>
NAME	<b>SWANBERG, BRIAN J</b>
STREET ADDRESS	<b>ANNA LEE DR.</b>
CITY - ST - ZIP	<b>ST. CLOUD FL</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>2957 Anna Lee Dr.</b>
4.4 CITY - ST - ZIP	<b>St Cloud, FL 34771</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 included 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 changed, or on an attachment with an address.

SIGNATURE: *John C Briggs* U.P. **JOHN C. BRIGGS** Date: **2-1-95** (407)