## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS S74503 (1)**DOCUMENT #** J.J.'S CORNER, INC. Principa' Place of Business Mailing Address C/O ROBERT D. ROYSTON JR. C/O ROBERT D. ROYSTON JR. 12670 NEW BRITTANY BLVD. SUITE 101 12670 NEW BRITTANY BLVD. SUITE 101 FORT MYERS FL 33907 FORT MYERS FL 33907 ate Incorporated or Qualified 08/20/1991 3a. Date of Last Report 07/27/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 65-0278134 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing **\$5.00** May Be Γ.. 23 28 Trust Fund Contribution Added to Fees Zφ Country Country 8. This corporation has liability for intangible tax under s. 199,032, 24 25 29 30 Yes INO Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROYSTON, ROBERT D., JR. Street Address (P.O. Box Number is Not Acceptable) 82 12670 NEW BRITTANY BLVD., #101 FORT MYERS FL 33907 83 84 City 85 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and fit is I applicable (NOTE: Rug stered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE ☐ Change 1 1 1 1 1 LEF Addition AMES, JEROME J. SR. NAME 1.2 NAME 12670 NEW BRITTANY BLVD. STREET ADDRESS 1.3 STREET ADDRESS FORT MYERS FL CITY - ST - ZIP 1.4 CHY ST ZP TITLE DELFTE 2.1 TITLE Change Addition AMES, K.F. NAME 2.2 NAME 12670 NEW BRITTANY BLVD. STREET ADDRESS 2.3 STHEET ADDRESS FORT MYERS FL CITY-ST-ZIP 2.4 CITY - S\* - Z+P DELETE TITLE 3 11716 Addition NAME 3.2 NAME STREET ADDRESS 3.3 STHEET ADDRESS CITY - ST - ZIP 3.4 C-TY ST-ZIP TITLE ☐ DELETE 4 1 T-TLF ☐ Change Add-tion NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - S7 - 212 4.4 CITY - ST - ZIP TIFLE ☐ DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-Z-P 5 4 CHY+ST-ZIP DELETE THE 6. 1 TITLE Change ☐ Addition NAM: 6.2 NAME

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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

**6.3 STREET ADDRESS** 

6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

CHY-ST-7IP

DOPLUS AND TYPED ON PRINTED NAME OF SIGNING OFFICE

LEROME U. AMES

MES 2-17-9

941.945-378

(12/95)

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