

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

APPROVED
AND
FILED

95 MAY -1 /M 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S80828

(4)

1. Corporation Name

JENKS COMMUNICATIONS, INC.

Principal Place of Business

4951 HUBNER CIRCLE
SARASOTA FL 34241

Mailing Address

4951 HUBNER CIRCLE
SARASOTA FL 34241

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1991

3a. Date of Last Report

04/29/1994

4. FBI Number

22-2954497

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

State Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

State Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

JENKS, CLIFFORD J.
4951 HUBNER CIRCLE
SARASOTA FL 34241

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers 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, Sections 607.0505, Florida Statutes.

SIGNATURE

(Signature of Agent or person acting for agent must appear in this space)

(Signature of Registered Agent (signature required when not State))

(Date)

12. OFFICERS AND DIRECTORS

12a

NAME

STREET ADDRESS

CITY, ST, ZIP

D
JENKS, CLIFFORD J
4951 HUBNER CIRCLE
SARASOTA FL

12b

NAME

STREET ADDRESS

CITY, ST, ZIP

12c

NAME

STREET ADDRESS

CITY, ST, ZIP

12d

NAME

STREET ADDRESS

CITY, ST, ZIP

12e

NAME

STREET ADDRESS

CITY, ST, ZIP

12f

NAME

STREET ADDRESS

CITY, ST, ZIP

12g

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13b

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13c

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13d

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13e

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13f

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

13g

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.021(9)(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. 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 of this report, or on an attachment with an address.

SIGNATURE:

Clifford Jenks
SIGNATURE (TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/28/95 (813)925-7453
Type Date & Telephone #