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 MAY 12 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S92992 (4)

1. Corporation Name
JO'S RE-DO-IT, INC.

Principal Place of Business
1226 LAFAYETTE ST
CAPE CORAL FL 33904-9730

Mailing Address
1226 LAFAYETTE ST
CAPE CORAL FL 33904-9730

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/06/1991
3a. Date of Last Report: 03/10/1994

2. Principal Place of Business
21 909 S.E. 13th Place
Suite, Apt. #, etc. 22
City & State 23 Cape Coral, Fla.
Zip 24 33990 Country 25 Lee

2a. Mailing Address
26 909 S.E. 13th Place
Suite, Apt. #, etc. 27
City & State 28 Cape Coral, Fla.
Zip 29 33990 Country 30 Lee

4. FEI Number: 65-0299197 — 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

9. Name and Address of Current Registered Agent
FISHER, LEIGH M.
1505 SE 40TH ST
SUITE B
CAPE CORAL FL 33904

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	HOLDERFIELD, WILLIAM	1.2 NAME	
STREET ADDRESS	709 HUTTO RD	1.3 STREET ADDRESS	
CITY ST ZIP	N FT MYERS FL	1.4 CITY ST ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	HERALD, DEAN	2.2 NAME	
STREET ADDRESS	205 PURDUE ST	2.3 STREET ADDRESS	500001489795
CITY ST ZIP	LEHIGH FL	2.4 CITY ST ZIP	-05/17/95--01013--010
TITLE	T	3.1 TITLE	****225.00 ☐ Change ☐ Addition
NAME	HOLDERFIELD, FRANCES	3.2 NAME	
STREET ADDRESS	709 HUTTO RD	3.3 STREET ADDRESS	
CITY ST ZIP	N FT MYERS FL	3.4 CITY ST ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	HERALD, FLORENCE	4.2 NAME	
STREET ADDRESS	205 PURDUE ST	4.3 STREET ADDRESS	5/12/95 MS
CITY ST ZIP	LEHIGH FL	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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)(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.

SIGNATURE: William L. Holderfield - President — 5/10/95 — 941-574-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
William L. Holderfield

0320787 CP