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 -1 AM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V09740 (4)

1. Corporation Name
JIMMY & SONS, INC.

Principal Place of Business	Mailing Address
850 OTTAWA DR ST CLOUD FL 34771	850 OTTAWA DR ST CLOUD FL 34771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/27/1992
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-3101438 ☐ 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 — 2a. Mailing Address 26
Suite, Apt. #, etc. 22 — Suite, Apt. #, etc. 27
City & State 23 — City & State 28
Zip 24 Country 25 — Zip 29 Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DANLEY, RICHARD D. 3501 13TH ST ST CLOUD FL 34769	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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1 TITLE ☐ Change ☐ Addition
NAME	GIANZERO, JAMES	1 NAME
STREET ADDRESS	850 OTTAWA DR	1 STREET ADDRESS
CITY-ST-ZIP	ST CLOUD FL	1 CITY-ST-ZIP
TITLE	D	2 TITLE ☐ Change ☐ Addition
NAME	GIANZERO, CHRIS	2 NAME
STREET ADDRESS	850 OTTAWA DR	2 STREET ADDRESS
CITY-ST-ZIP	ST CLOUD FL	2 CITY-ST-ZIP
TITLE	D	3 TITLE ☐ Change ☐ Addition
NAME	GIANZERO, JAMES R. II	3 NAME
STREET ADDRESS	3251 BAILEY RD	3 STREET ADDRESS
CITY-ST-ZIP	ST CLOUD FL	3 CITY-ST-ZIP
TITLE		4 TITLE ☐ Change ☐ Addition
NAME		4 NAME
STREET ADDRESS		4 STREET ADDRESS
CITY-ST-ZIP		4 CITY-ST-ZIP
TITLE		5 TITLE ☐ Change ☐ Addition
NAME		5 NAME
STREET ADDRESS		5 STREET ADDRESS
CITY-ST-ZIP		5 CITY-ST-ZIP
TITLE		6 TITLE ☐ Change ☐ Addition
NAME		6 NAME
STREET ADDRESS		6 STREET ADDRESS
CITY-ST-ZIP		6 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(1)(i), 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: James Gianzero — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95 (Date) 407-892-6343 (Daytime Phone #)

0377668 CP