

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V11091 (8)

1. Corporation Name

JR - N - JR, INC.



Principal Place of Business

Mailing Address

400 CLEVELAND STREET
8TH FLOOR
CLEARWATER FL 34615

400 CLEVELAND STREET
8TH FLOOR
CLEARWATER FL 34615
US

2. Principal Place of Business

2a. Mailing Address

21 33920 U.S. Hwy 19, N.

26 33920 U.S. Hwy 19 N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 150

27 Suite 150

City & State

City & State

23 Palm Harbor, FL

28 Palm Harbor, FL

Zip

Zip

24 34684

Country USA

29 34684

Country USA

3. Date Incorporated or Qualified

02/03/1992

3a. Date of Last Report

04/18/1995

4. FEI Number

59-3106196

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

PAIKOFF, NANCY S.
400 CLEVELAND STREET
8TH FLOOR
CLEARWATER FL 34615

81 Name

Nancy S. Paikoff

82 Street Address (P.O. Box Number is Not Acceptable)

33920 U.S. Hwy 19 N., Suite 150
Palm Harbor

84 City

FL

85 Zip Code

34684

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

Nancy S. Paikoff

Nancy S. Paikoff

4-11-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PAIKOFF, NANCY S.
STREET ADDRESS 400 CLEVELAND ST. 8TH FLOOR
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 33920 U.S. Hwy 19 N, Suite 150
1.4 CITY-ST-ZIP Palm Harbor, FL 34684

TITLE CD
NAME SHIMBERG, ROBERT
STREET ADDRESS 105 S. GLEN AVE.
CITY-ST-ZIP TAMPA FL ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STD
NAME SHIMBERG, JAMES H
STREET ADDRESS 400 N. ASHLEY, STE. 2300
CITY-ST-ZIP TAMPA FL ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME SHIMBERG, RICHARD E.
STREET ADDRESS 10901 CARROLLWOOD DRIVE
CITY-ST-ZIP TAMPA FL ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME SHIMBERG, JANET R
STREET ADDRESS 10102 WHITE TROUT LANE
CITY-ST-ZIP TAMPA FL ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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:

Nancy S. Paikoff, President

4-11-96

813-785-4402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE

813-785-4402

CR2E034 (12/95)