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Feb 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
33920 US HWY 19 N  
150  
PALM HARBOR FL 34684  
US

Mailing Address  
33920 US HWY 19 N  
150  
PALM HARBOR FL 34684-2619  
US



2. Principal Place of Business  
21 1378 Forestedge Blvd,  
Suite Apt. #, etc.

2a. Mailing Address  
26 P.O. Box 1669  
Suite, Apt. #, etc.

22 City & State  
23 Oldsmar, FL  
24 Zip 34677 25 Country USA

27 City & State  
28 Clearwater, FL  
29 Zip 34617 30 Country USA

3. Date Incorporated or Qualified  
02/03/1992

3a. Date of Last Report  
04/17/1996

4. FEI Number  
59-3106196

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

8. Name and Address of Current Registered Agent  
PAIKOFF, NANCY S  
33920 US HWY 19 N SUITE 150  
8TH FLOOR  
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent  
81 Name James H. Shimberg, Jr.  
82 Street Address (P.O. Box Number is Not Acceptable)  
400 N. Ashley St.  
83 Suite 2300  
84 City Tampa FL 85 Zip Code 33602

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 *James H. Shimberg, Jr.* James H. Shimberg, Jr. 2-22-97  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	RD	PAIKOFF, NANCY S.	33920 US HWY 19 N SUITE 150 PALM HARBOR FL
TITLE	CD	SHIMBERG, ROBERT	105 S. GLEN AVE. TAMPA FL
TITLE	STD	SHIMBERG, JAMES H	400 N. ASHLEY, STE. 2300 TAMPA FO
TITLE	D	SHIMBERG, RICHARD E.	10901 CARROLLWOOD DRIVE TAMPA FL
TITLE	D	SHIMBERG, JANET R	10102 WHITE TROUT LANE TAMPS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	400 Cleveland St., 8th floor
1.4 CITY-ST-ZIP	Clearwater, FL 34615
2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: *Nancy S. Paikoff* Nancy S. Paikoff 2-22-97 813-787-6605  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)