

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 5 3:58

71 JAN 1995 FLD 1 A

DOCUMENT # **V12947** (0)

1. Corporation Name

J BUILDERS, INC.

Principal Place of Business

**3563 COMMERCIAL WAY
SUITE 35
SPRING HILL FL 34606
US**

Mailing Address

**P.O. BOX 3465
SPRING HILL FL 34606
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/07/1992

3a. Date of Last Report

07/08/1994

4. FEI Number

59-3139645

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

21 830 Christina Circle

Suite, Apt. #, etc.

2a. Mailing Address

26 830 Christina Circle

Suite, Apt. #, etc.

City & State

23 Oldsmar, FL

City & State

28 Oldsmar, FL

Zip

24 34677

Country

25 USA

Zip

29 34677

Country

30 USA

9. Name and Address of Current Registered Agent

**CHARNOCK, WILLIAM T. III
5358 SPRING HILL DR.
SPRING HILL FL 34606**

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 his/her address

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHMITT, JACK
STREET ADDRESS	P.O. BOX 3465 NA
CITY, ST, ZIP	SPRING HILL FL
TITLE	P
NAME	SCHMITT, JOHN
STREET ADDRESS	P.O. BOX 3465 NA
CITY, ST, ZIP	SPRINGHILL FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	830 Christina Circle
24 CITY, ST, ZIP	Oldsmar, FL 34677
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(b), 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:

John Schmitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-95 (613) 854-2125
(Date) (Signature Number)