FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # V20834 (0)

1. Corporate Name

JIROCOLE, INC.

Principal Place of Business

4707 W. TRAPNELL ROAD
PLANT CITY FL 33567

Mailing Address

4707 W. TRAPNELL ROAD
PLANT CITY FL 33567

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/1992

3a. Date of Last Report: 06/14/1994

4. FEI Number: 59-3114764 [ ] 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. 199.0... 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

WEBB, WILLIAM R.
4707 W. TRAPNELL ROAD
PLANT CITY FL 33567

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. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	
Title	D
Name	WEBB, WILLIAM R.
Street Address	4707 W. TRAPNELL RD.
City-St-Zip	PLANT CITY FL
Title	D
Name	GRIFFIS, W. EARL
Street Address	4707 W. TRAPNELL RD.
City-St-Zip	PLANT CITY FL
Title	D
Name	WEBB, CONNIE J.
Street Address	4707 W. TRAPNELL RD.
City-St-Zip	PLANT CITY FL
Title	D
Name	GRIFFIS, LESLIE Z.
Street Address	4707 W. TRAPNELL RD.
City-St-Zip	PLANT CITY FL
Title	
Name	
Street Address	
City-St-Zip	
Title	
Name	
Street Address	
City-St-Zip	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		Change	Addition
1. Title / Name / Street Address / City-St-Zip		[ ]	[ ]
2. Title / Name / Street Address / City-St-Zip		[ ]	[ ]
3. Title / Name / Street Address / City-St-Zip		[ ]	[ ]
4. Title / Name / Street Address / City-St-Zip		[ ]	[ ]
5. Title / Name / Street Address / City-St-Zip		[ ]	[ ]
6. Title / Name / Street Address / 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)(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: William R. Webb — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/95 Date

737-1292 Daytime Phone #

0200082 CP