

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 # **V37392** (0)

1. Corporation Name
JOS-HAN, INC.



Principal Place of Business

**2490 CLARK STREET
APOPKA FL 32703**

Mailing Address

**2490 CLARK STREET
APOPKA FL 32703**

3. Date Incorporated or Qualified

05/18/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country
24 25

28 Zip Country
29 30

4. FEI Number

59-3140887

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCLEOD, RAYMOND
MCLEOD, MCLEOD & MCLEO, P.A.
48 E. MAIN STREET
APOPKA FL 32704-0950**

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 of person filing this report (required for all filings)

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPS	<input type="checkbox"/> DELETE
NAME	CHAPMAN, RONALD L.	
STREET ADDRESS	2482 CLARK STREET	
CITY-STATE-ZIP	APOPKA FL 32703	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	CHAPMAN, DEBRA P	
STREET ADDRESS	2482 CLARK STREET	
CITY-STATE-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> DELETE
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald L. Chapman **Ronald L. Chapman** 2996

407 521-6420

CR2E034 (12/95)