

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 # **V46972** (8)

1. Corporation Name

**JORGENSEN BUILDING SERVICES, INC.**



Principal Place of Business

**4153 SARASOTA AVENUE  
SARASOTA FL 34234**

Mailing Address

**4153 SARASOTA AVENUE  
SARASOTA FL 34234**

3. Date Incorporated or Qualified  
**06/24/1992**

3a. Date of Last Report  
**06/05/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

**65-0335507**

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

**JORGENSEN, CHRISTOPHER  
4153 SARASOTA AVENUE  
SARASOTA FL 34234**

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 block if applicable)

(NOTE: Registered Agent signature required when re-stating)

DATE:

12. OFFICERS AND DIRECTORS

TITLE

☒ P

☐ DELETE

NAME

**JORGENSEN, CHRISTOPHER  
4153 SARASOTA AVE  
SARASOTA FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

**RON ELLIOT VICE-PRES.**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**SECRETARY  
MICHELLE M. JORGENSEN**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**4153 SARASOTA AVE  
SARASOTA FL 34234**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

**VICE PRESIDENT**

☐ Change

☒ Addition

2.2 NAME

**RON ELLIOT**

2.3 STREET ADDRESS

**3939 S. BRIGGS AVE**

2.4 CITY-ST-ZIP

**SARASOTA FL 34231**

3.1 TITLE

**SECRETARY**

☐ Change

☒ Addition

3.2 NAME

**MICHELLE M. JORGENSEN**

3.3 STREET ADDRESS

**4153 SARASOTA AVE**

3.4 CITY-ST-ZIP

**SARASOTA FL 34234**

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHRISTOPHER  
JORGENSEN**

Date

Daytime Phone: #

**941-351-2321**

CR2E034 (12/95)