

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V50101 (7)

1. Corporation Name
JOHN D. ROSS, INC.



Principal Place of Business
**5516 SE ABSHER BLVD
BELLEVUE FL 34420
US**

Mailing Address
**4202 SOUTHEAST 7TH PLACE
OCALA FL 34471
US**

3. Date Incorporated or Qualified 07/13/1992	3a. Date of Last Report 03/01/1995
4. FEI Number 59-3123691	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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**ROSS, JOHN D.
4202 SOUTHEAST 7TH PLACE
OCALA FL 34471**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 a registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person authorized to file this statement

Signature of Agent for New Registered Agent

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	☐ Change ☐ Addition
NAME	ROSS, JOHN D.	2. NAME	
STREET ADDRESS	4202 S.E. 7TH PLACE	3. STREET ADDRESS	
CITY-STATE-ZIP	OCALA FL	4. CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE	VD	5. TITLE	
NAME	ROSS, JULIE	6. NAME	
STREET ADDRESS	4202 S.E. 7TH PLACE	7. STREET ADDRESS	
CITY-STATE-ZIP	OCALA FL	8. CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE		9. TITLE	
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-STATE-ZIP		12. CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE		13. TITLE	
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-STATE-ZIP		16. CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE		17. TITLE	
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE		21. TITLE	
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-STATE-ZIP		24. CITY-STATE-ZIP	☐ Change ☐ Addition

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 119.02(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 sole officer or director, empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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1904-694-6102

CR2E034 (12/95)