

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 AM 11:24

DOCUMENT # V54285

(4)

1. Corporation Name

JATER, INC.

Principal Place of Business

1901 NO 13 STR
FT PIERCE FL 34950
US

Mailing Address

P O BOX 5647
FT PIERCE FL 34954
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/30/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0347830

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

2a. Mailing Address

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ROBINSON, TERRY
1201 NORTH 16TH STREET
APT. A
FORT PIERCE FL 34950

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	ROBINSON, TERRY
STREET ADDRESS	1201 NORTH 16TH STREET
CITY-ST-ZIP	FORT PIERCE FL
TITLE	D
NAME	ROBINSON, JAMES H., JR.
STREET ADDRESS	1704 CANAL TERR., APT. A
CITY-ST-ZIP	FORT PIERCE FL
TITLE	TS
NAME	ROBINSON, LOUISE O
STREET ADDRESS	2704 AVE R
CITY-ST-ZIP	FT PIERCE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	Terry Robinson
1.3 STREET ADDRESS	2704 Ave R.
1.4 CITY-ST-ZIP	Fort Pierce FL 34947
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	James H. Robinson Jr
2.3 STREET ADDRESS	423 N. 17th St.
2.4 CITY-ST-ZIP	Fort Pierce, FL 34950
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 118.07(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 an amendment with an address.

SIGNATURE:

Louise O Robinson

1-27-95

Date

Daytime Phone #