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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V54927** (1)

1. Corporation Name

J. J'S MARINA ISLE, INC.



Principal Place of Business

**2021 MARINA ISLE COVE
GENEVA FL 32732**

Mailing Address

**3812 W. HWY. #46
GENEVA FL 32732**

2. Principal Place of Business

2a. Mailing Address

21 **2021 MARINA ISLE COVE**

26 **3812 W. HWY 46**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **#2021**

27 **N/A**

City & State

28 **GENEVA, FL.**

23 **GENEVA FL**

Country

29 **32732**

Country

24 **32732**

25 **SEMIWOLE**

30 **SEMIWOLE**

9. Name and Address of Current Registered Agent

**JOHNSON, JOYCE F.
3912 E. OSCEOLA ROAD
GENEVA FL 32732**

81 Name

NONE

82 Street Address (P.O. Box Number is Not Acceptable)

N/A

83

N/A

84 City

N/A

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

N/A

Signature typed or printed name of registered agent (if not the same as above)

(If filer is Registered Agent, Signature required when filing change)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
JOHNSON, JOYCE F.,
3912 E. OSCEOLA ROAD
GENEVA FL**

TITLE ☐ DELETE

NAME **V.P.
GEBHART CYNTHIA, P
3912 E. OSCEOLA RD.
GENEVA FL 32732**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

NO CHANGES

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 119.07(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

Joyce F. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-96

Date

407-330-6155

Daytime Phone #

CRZE034 (12/95)