**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.**
**AMOUNT DUE ON OR BEFORE 5/5/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT
**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:39

DOCUMENT # **V56094** **(8)**

1. Corporation Name
**JUBILEE CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| 16049 TAMPA PALMS BLVD.<br>TAMPA FL 33549 | 2410 TANGERINE HILL COURT<br>LUTZ FL 33549<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 4360 W. CYPRESS
22: Suite, Apt. #, etc.
23: City & State: TAMPA FLA
24: Zip: 33607 25: County: HILLSBOROUGH

2a. Mailing Address
26: SAME
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-0193243 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. [illegible] ☐ — $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
PIGUET
PIGUET, SONYA
16049 TAMPA PALMS BLVD.
TAMPA FL 33642

10. Name and Address of New Registered Agent
81 Name: PIGUET
82 [illegible] (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. The 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 [illegible] Florida Statutes.

SIGNATURE [illegible] 06/25/95
Signature of New Registered Agent, if changing — Date

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PS PIGUET |
| NAME | PIGUET, SONYA |
| STREET ADDRESS | 2410 TANGERINE HILL COURT |
| CITY-ST-ZIP | LUTZ FL 33549 |

13. ☐ Change ☐ Addition

| | |
|---|---|
| 61 TITLE | |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** [illegible] 06/25/95 813 875-8503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

CR2E034 (3/95)

000746J CP