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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V69203** (0)

1. Corporation Name

JERRY'S RE-CREATIONS, INC.



Principal Place of Business

**6037 WOODVILLE HWY
TALLAHASSEE FL 32311**

Mailing Address

**6037 WOODVILLE HWY
TALLAHASSEE FL 32311**

3. Date Incorporated or Qualified

10/06/1992

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 5321 Touraine Dr.

26 5321 Touraine Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Tallahassee FL

28 Tallahassee FL

Zip

Country

Zip

Country

24 32308

25 USA

29 32308

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TALIAFERRO, MARCIA L.
5321 TOURAINE DR
TALLAHASSEE FL 32308**

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

Marcia L. Taliaferro

Signature typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

4-26-96

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **TALIAFERRO, MARCIA L.**
STREET ADDRESS **5321 TOURAINE DR**
CITY - ST - ZIP **TALLAHASSEE FL**

TITLE **VD** ☐ DELETE

NAME **TALIAFERRO, ERNEST L.**
STREET ADDRESS **5321 TOURAINE DR**
CITY - ST - ZIP **TALLAHASSEE FL**

TITLE **VD** ☒ DELETE

NAME **ALBRITTON, GRACE R.**
STREET ADDRESS **6037 WOODVILLE HWY**
CITY - ST - ZIP **TALLAHASSEE FL**

TITLE **STD** ☒ DELETE

NAME **ALBRITTON, JERRY P.**
STREET ADDRESS **6037 WOODVILLE HWY**
CITY - ST - ZIP **TALLAHASSEE FL**

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 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:

Marcia L. Taliaferro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marcia L. Taliaferro

DATE

4-26-96 (904) 878-3333

Daytime Phone #

CR2E034 (12/95)