FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **573433** **(0)**

1. Corporation Name

J & J REAL ESTATE AND DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
~~1884 WHISPERING PINES CIR~~ ~~ENGLEWOOD FL 34223~~ 5438 HIGHLANDS VUE LANE LAKELAND, FL. 33813	~~1884 WHISPERING PINES CIR~~ ~~ENGLEWOOD FL 34223~~ 5438 HIGHLANDS VUE LANE LAKELAND, FL. 33813

3. Date Incorporated or Qualified: 05/24/1978
3a. Date of Last Report: 07/11/1995

2. Principal Place of Business (21): 5438 HIGHLANDS VUE LANE
Suite, Apt. #, etc. (22):
City & State (23): LAKELAND, FL.
Zip (24): 33813 Country (25):

2a. Mailing Address (26): 5438 HIGHLANDS VUE LANE
Suite, Apt. #, etc. (27):
City & State (28): LAKELAND, FL.
Zip (29): 33813 Country (30):

4. FEI Number: 59-1829482 ☐ 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

9. Name and Address of Current Registered Agent

JONES, JUDITH L.
~~1884 WHISPERING PINES CIRCLE~~
~~ENGLEWOOD FL 34223~~
5438 HIGHLANDS VUE LANE
LAKELAND, FL. 33813

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JONES, JUDITH L.		1.2 NAME	
STREET ADDRESS	~~1884 WHISPERING PINES CIRCLE~~		1.3 STREET ADDRESS	
CITY-ST-ZIP	~~ENGLEWOOD FL~~ ADDRESS ABOVE		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JONES, JUDITH L.		2.2 NAME	
STREET ADDRESS	~~1884 WHISPERING PINES CIRCLE~~		2.3 STREET ADDRESS	
CITY-ST-ZIP	~~ENGLEWOOD FL~~ ADDRESS ABOVE		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JONES, JUDITH L.		3.2 NAME	
STREET ADDRESS	~~1884 WHISPERING PINES CIRCLE~~		3.3 STREET ADDRESS	
CITY-ST-ZIP	~~ENGLEWOOD FL~~ ADDRESS ABOVE		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JONES, JUDITH L.		4.2 NAME	
STREET ADDRESS	~~1884 WHISPERING PINES CIRCLE~~		4.3 STREET ADDRESS	
CITY-ST-ZIP	~~ENGLEWOOD FL~~ ADDRESS ABOVE		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: Judith L Jones PRESIDENT 2-29-96 813-647-5138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #