

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 30 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P94000067608 (7)**

**1. Corporation Name  
5 JAX ENTERPRISES, INC.**



**Principal Place of Business  
210-A BLANDING BLVD.  
ORANGE PARK FL 32073**

**Mailing Address  
210-A BLANDING BLVD.  
ORANGE PARK FL 32073-3339**

**3. Date Incorporated or Qualified  
09/14/1994**

**3a. Date of Last Report  
03/20/1996**

**2. Principal Place of Business**

**2a. Mailing Address**

**4. FEI Number  
59-3270490**

Applied For  Not Applicable

Suite, Apt. #, etc.

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

Suite, Apt. #, etc.

**6. Election Campaign Financing Trust Fund Contribution**  **\$5.00 May Be Added to Fees**

City & State

**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes**  Yes  No

City & State

Zip Country

Zip Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**SHEAR, ROBERT L  
2600 MCCORMICK DRIVE  
SUITE 230  
CLEARWATER FL 34619**

**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** **DP**  DELETE

**NAME** **MULLANE, MATTHEW**

**STREET ADDRESS** **9439 SAN JOSE BLVD.**

**CITY - ST - ZIP** **JACKSONVILLE FL 32257**

**1.1 TITLE**  Change  Addition

**1.2 NAME**

**1.3 STREET ADDRESS**

**1.4 CITY - ST - ZIP**

**TITLE** **DV**  DELETE

**NAME** **SMITH, CHRISTOPHER**

**STREET ADDRESS** **7223 S.R. 52, SUITE 1**

**CITY - ST - ZIP** **HUDSON FL 34667**

**2.1 TITLE**  Change  Addition

**2.2 NAME**

**2.3 STREET ADDRESS**

**2.4 CITY - ST - ZIP**

**TITLE** **DST**  DELETE

**NAME** **GERMAIN, GERALD**

**STREET ADDRESS** **2677 TRAMORE PLACE**

**CITY - ST - ZIP** **ORANGE PARK FL 32065**

**3.1 TITLE**  Change  Addition

**3.2 NAME**

**3.3 STREET ADDRESS**

**3.4 CITY - ST - ZIP**

**TITLE**  DELETE

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**4.1 TITLE**  Change  Addition

**4.2 NAME**

**4.3 STREET ADDRESS**

**4.4 CITY - ST - ZIP**

**TITLE**  DELETE

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**5.1 TITLE**  Change  Addition

**5.2 NAME**

**5.3 STREET ADDRESS**

**5.4 CITY - ST - ZIP**

**TITLE**  DELETE

**NAME**

**STREET ADDRESS**

**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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Gerald V. Germain* **Gerald V. Germain** **10/97** **1-904-276-0472**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)