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FILED

Jan 28 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 # 239777 (6)

1. Corporation Name
J & S DEVELOPMENT COMPANY

Principal Place of Business
8350 W HILLSBOROUGH AVENUE
TAMPA FL 33615

Mailing Address
8350 W HILLSBOROUGH AVENUE
TAMPA FL 33615-3806



3. Date Incorporated or Qualified 08/26/1960
3a. Date of Last Report 03/12/1996

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 29. Country

4. FEI Number 59-0907046
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

JOSEPH S. POTTS, JR.
8350 W. HILLSBOROUGH AVE.
TAMPA FL 33615

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
Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
ST	POTTS, S L	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
8350 W HILLSBOROUGH AVE		1.3 STREET ADDRESS	
TAMPA, FL 00000		1.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		2.1 TITLE	
PD	POTTS, J S, JR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
8350 W HILLSBOROUGH AVE		2.2 NAME	
TAMPA, FL 00000		2.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		2.4 CITY - ST - ZIP	
D	POTTS, MARGARET S	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
8350 W HILLSBOROUGH AVE		3.1 TITLE	
TAMPA, FL 00000		3.2 NAME	
<input type="checkbox"/> DELETE		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		4.1 TITLE	
		4.2 NAME	
<input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		5.1 TITLE	
		5.2 NAME	
<input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
<input type="checkbox"/> DELETE		6.1 TITLE	
		6.2 NAME	
<input type="checkbox"/> DELETE		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: *[Signature]* 813-884-2543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)