FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 25 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 # **456355** **(7)**

1. Corporation Name
J. & J. BOOKKEEPING SERVICES, INC.

Principal Place of Business
RT 2 BOX 531-8
CALLAHAN FL 32011
US

Mailing Address
RT 2 BOX 531-8
CALLAHAN FL 32011-9713
US

3. Date Incorporated or Qualified: 07/02/1974
3a. Date of Last Report: 02/20/1996

2. Principal Place of Business
21 4451 Haden Way
Suite Apt # etc.
22 Callahan, FL
City & State
23
Zip 24 32011
Country 25 Nassau

2a. Mailing Address
26 4451 Haden Way
Suite Apt # etc.
27
City & State
28 Callahan, FL
Zip 29 32011
Country 30 Nassau

4. FEI Number: 59-1534869 — 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
SHEFIELD, JOHN W.
~~3235 HATTIE BROCK LANE~~ 3 Surf Drive
~~JACKSONVILLE FL 32223~~ Palm Coast, FL
32137

10. Name and Address of New Registered Agent
81 Name: Sheffield, John W.
82 Street Address (P.O. Box Number is Not Acceptable): 3 Surf Drive
83
84 City: Palm Coast FL 85 Zip Code: 32137

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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SHEFFIELD, JOHN W	
STREET ADDRESS	3235 HATTIE BROCK LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	DSV	☐ DELETE
NAME	HOLMES, JACQUELINE J	
STREET ADDRESS	RT 2 BOX 531-8	
CITY-ST-ZIP	CALLAHAN FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Sheffield, John W.	
1.3 STREET ADDRESS	3 Surf Drive	
1.4 CITY-ST-ZIP	Palm Coast, FL 32137	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	Holmes, Jacqueline J	
2.3 STREET ADDRESS	4451 Haden Way	
2.4 CITY-ST-ZIP	Callahan, FL 32011	
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		

CR2E034 (9/96)

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: Jacqueline J. Holmes - Jacqueline J. Holmes 3-11-97 904 879-6465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #