


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

FILED

Feb 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **479695**

(9)

1. Corporation Name
S & J SALES AND SERVICE CORP.

Principal Place of Business

**420 GENEVA DR
P.O. BOX 580
OVIEDO FL 32765**

Mailing Address

**P O BOX 620580
P.O. BOX 580
OVIEDO FL 32762-0580
US**



2. Principal Place of Business

21 420 Geneva Drive
Suite, Apt. #, etc.

2a. Mailing Address

26 P. O. Box 620580
Suite, Apt. #, etc.

City & State

23 Oviedo, FL

City & State

28 Oviedo, FL

Zip

24 32765

Country

25 US

Zip

29 32762-0580

Country

30 US

9. Name and Address of Current Registered Agent

**STEVENSON, ROBERT S.
420 GENEVA DR
OVIEDO FL 32765**

3. Date Incorporated or Qualified

06/26/1975

3a. Date of Last Report

03/04/1996

4. FEI Number

59-1604799

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

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 line if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **STEVENSON, ROBERT S**
STREET ADDRESS **420 GENEVA DR**
CITY-ST-ZIP **OVIEDO FL**

TITLE **STD** ☐ DELETE
NAME **STEVENSON, JUDITH A**
STREET ADDRESS **420 GENEVA DR**
CITY-ST-ZIP **OVIEDO 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 **PD** ☒ Change ☐ Addition
1.2 NAME **STEVENSON, ROBERT S**
1.3 STREET ADDRESS **420 GENEVA DRIVE**
1.4 CITY-ST-ZIP **OVIEDO, FL 32765**

2.1 TITLE **STD** ☒ Change ☐ Addition
2.2 NAME **STEVENSON, JUDITH A**
2.3 STREET ADDRESS **420 GENEVA DRIVE**
2.4 CITY-ST-ZIP **OVIEDO, FL 32765**

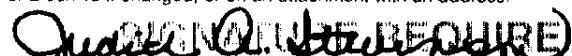
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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 REQUIRED

Feb. 18, 1997 (407) 365-1590

CR2E034 (9/96)