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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 576477

(4)

J. & J. HOMES, INC.

FILED
Apr 29 1997 8:00am
Secretary of State

1041/1192 1901

Principal Place of Business 1901 S. TAMIAMI TR. SUITE A VENICE FL \$4290 US 2. Principal Place of Business 21 Suite, Apt. #, etc.		Mailing Address 1801 S. TAMIAMI TR. SUITE A VENICE FL 34283-5031 US 2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/21/1978 02/27/1996 4. FEI Number 59-1830084 5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State 23 Zip	e Country	City & State 28 Zip	Country		6. Election Campaign Financing Trust Fund Contribution	Added Added	May Be I to Fees	
24	25 29 30 9. Name and Address of Current Registered Agent		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent			
609 1 VENI 3428			81 82 83 84	City	ddress (P.O. Box Number is Not Acceptab	FL 85 Zip) Code	
office or re agent. I ar SIGNATURE	registered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or printed name of registered agent	of Florida, Such change was autions of, Section 607.0505, Flor nt and tilk, if applicable (NOT)	uthorized by ida Statutos	the corpo s.	corporation submits this statement for the poration's board of directors. I hereby acception when reinstating)	purpose of changing pl the appointment as	its registered s registered	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CLOUTIER, JACQUES 1901 S. TAMIAMI TRAIL VENICE FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREFT 1.4 CITY-S			☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THERIAULT, JAMES J. 6111 RODGERS AVENUE 223		2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_Valange (o) is	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET 3.4. CITY - S	ADDRESS		Change	Addilion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET 4.4 CITY - S	ADDRESS.		[] Change	Addilion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY - S	ADDRESS	-	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET 6.4 CITY - S	ADDRESS		☐ Change	Addition	
14. I do heret Informatio I am an o appears I	by certify that the information supplied in indicated on this annual report or sufficer or director of the direction or in Block 12 or Block 331 changed	I with this filing does not qualify upplemental annual report is truthe receiver or trustee empowe on an attachment with an addr	for the exe	mption sta	ated in Section 119.07(3)(i), Florida Statule that my signature shall have the same lega port as required by Chapter 607, Florida S	s. I further certify tha it effect as if made ui statutes; and that my	it the nder oath; that name	