

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

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**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90192 043 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 626302**  
 1. Corporation Name  
**J & J OF FORT WALTON BEACH, INC.**



Principal Place of Business <b>804 FAIRVIEW DRIVE                  FORT WALTON BEACH FL 32547                  US</b>	Mailing Address <b>804 FAIRVIEW DRIVE                  FORT WALTON BEACH FL 32547                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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3. Date Incorporated or Qualified <b>06/18/1979</b>	4. FEI Number <b>63-0646722</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DONALDSON, JOHNNY RAY  
 804 FAIRVIEW DR.  
 FT WALTON BEACH FL 32547**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 Johnny R. Donaldson - President DATE 2-9-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PDV</b>	<input type="checkbox"/> DELETE
NAME	<b>DONALDSON, JOHNNY R</b>	
STREET ADDRESS	<b>2587 DANA CT</b>	
CITY-ST-ZIP	<b>SHALIMAR FL 32579</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>DONALDSON, GAIL</b>	
STREET ADDRESS	<b>804 FAIRVIEW DR.</b>	
CITY-ST-ZIP	<b>FT WALTON BEACH FL 32547</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>DONALDSON, JOHN R JR</b>	
STREET ADDRESS	<b>2587 DANA CT</b>	
CITY-ST-ZIP	<b>SHALIMAR FL 32579</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PDV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Donaldson, Johnny R.</b>	
1.3 STREET ADDRESS	<b>804 Fairview Dr.</b>	
1.4 CITY-ST-ZIP	<b>Fort Walton Beach, FL 32548</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Donaldson, John R. JR</b>	
3.3 STREET ADDRESS	<b>1885 Tine Court</b>	
3.4 CITY-ST-ZIP	<b>Fort Walton Beach, FL 32548</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: Johnny R. Donaldson DATE 2-9-99 DAYTIME PHONE # 850-862-1721  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)