

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

0534315

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

03-01-1999 90192 043 ***150.00

DOCUMENT # 626302

1. Corporation Name
J & J OF FORT WALTON BEACH, INC.

Principal Place of Business
804 FAIRVIEW DRIVE
FORT WALTON BEACH FL 32547
US

Mailing Address
804 FAIRVIEW DRIVE
FORT WALTON BEACH FL 32547
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/18/1979	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		63-0646722	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. Trust Fund Contribution	
				<input type="checkbox"/>	
				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				10. Name and Address of New Registered Agent	
DONALDSON, JOHNNY RAY 804 FAIRVIEW DR. FT WALTON BEACH FL 32547				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 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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDV <input type="checkbox"/> DELETE	1.1 TITLE	PDV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALDSON, JOHNNY R	1.2 NAME	Donaldson, Johnny R.
STREET ADDRESS	2587 DANA CT	1.3 STREET ADDRESS	804 Fairview Dr.
CITY-ST-ZIP	SHALIMAR FL 32579	1.4 CITY-ST-ZIP	Fort Walton Beach, FL 32548
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALDSON, GAIL	2.2 NAME	
STREET ADDRESS	804 FAIRVIEW DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALDSON, JOHN R JR	3.2 NAME	Donaldson, John R. JR
STREET ADDRESS	2587 DANA CT	3.3 STREET ADDRESS	1885 Tine Court
CITY-ST-ZIP	SHALIMAR FL 32579	3.4 CITY-ST-ZIP	Fort Walton Beach, FL 32548
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 2-9-99 850-862-1721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)