

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90129 048 ***150.00

DOCUMENT # 626302

1. Entity Name

J & J OF FORT WALTON BEACH, INC.

Principal Place of Business

Mailing Address

804 FAIRVIEW DRIVE
 FORT WALTON BEACH FL 32547
 US

804 FAIRVIEW DRIVE
 FORT WALTON BEACH FL 32547-4208
 US

00020653



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-0646722

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDV	<input type="checkbox"/> Delete
NAME	DONALDSON, JOHNNY R	
STREET ADDRESS	804 FAIRVIEW DR	
CITY - ST - ZIP	FORT WALTON BEACH FL 32548	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DONALDSON, GAIL	
STREET ADDRESS	804 FAIRVIEW DR.	
CITY - ST - ZIP	FT WALTON BEACH FL 32547	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DONALDSON, JOHN R JR	
STREET ADDRESS	1885 TINE COURT	
CITY - ST - ZIP	FORT WALTON BEACH FL 32548	
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		

13. 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 report or supplemental 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 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Johnny R. Donalds

Johnny R. Donalds 2-11-2000 850-862-1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #