2000 UNIFORM BUSINESS REPORT (UBR)

Feb 14, 2000 8:00 am Secretary of State **DOCUMENT # 626302** 02-14-2000 90129 048 ***150.00 J & J OF FORT WALTON BEACH, INC. Principal Place of Business Mailing Address 804 FAIRVIEW DRIVE 804 FAIRVIEW DRIVE 00020653 FORT WALTON BEACH FL 32547 FORT WALTON BEACH FL 32547-4208 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 63-0646722 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DONALDSON, JOHNNY RAY Street Address (P.O. Box Number is Not Acceptable) 804 FAIRVIEW DR. FT WALTON BEACH FL 32547 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete TITLE ☐ Change PDV TITLE NAME DONALDSON, JOHNNY R NAME STREET ADDRESS STREET ADDRESS 804 FAIRVIEW DR CITY-ST-ZIP CITY-ST-7IP FORT WALTON BEACH FL 32548 ☐ Delete Change TITLE TITLE STD NAME NAME DONALDSON, GAIL STREET ADDRESS STREET ADDRESS 804 FAIRVIEW DR. CITY-ST-ZIP CITY-ST-7IP FT WALTON BEACH FL 32547 ☐ Change ☐ Delete TITLE TITLE DONALDSON, JOHN R JR NAME NAME STREET ADDRESS STREET ADDRESS 1885 TINE COURT CITY-ST-ZIP CITY-ST-ZIP FORT WALTON BEACH FL 32548 Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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SIGNATURE

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 discrete 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.

13. Thereby 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 supplied with this filing does