

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 JAN 22 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 634299 (2)

1. Corporation Name
JU JE Q, INC.

Principal Place of Business
MARINE BANK BUILDING
P. O. BOX 4808
JACKSONVILLE FL 32201

Mailing Address
MARINE BANK BUILDING
P. O. BOX 4808
JACKSONVILLE FL 32201

3. Date Incorporated or Qualified 08/29/1979	3a. Date of Last Report 03/10/1995
4. FEI Number 59-1953670	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. 204 Pearl Street
22. City & State	27. Jacksonville, FL 32202
23. Zip	28. Jacksonville
24. Country	29. 32202
25. Country	30. Country

9. Name and Address of Current Registered Agent

PINKSTON, JULIAN S
SUITE 100 MARINE BANK BLDG
464 JULIA STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable) 204 Pearl Street	83.	84. City Jacksonville	85. Zip Code FL 32202
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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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

TITLE	SD
NAME	PINKSTON, JULIAN S.
STREET ADDRESS	STE 100 MARINE BANK BLDG
CITY-STATE-ZIP	JACKSONVILLE FL
TITLE	VD
NAME	TILL, QUENTIN T.
STREET ADDRESS	255 LIBERTY ST.
CITY-STATE-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	204 Pearl Street
1.4 CITY-STATE-ZIP	Jacksonville, FL 32202
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	204 Washington Street
2.4 CITY-STATE-ZIP	Jacksonville, Florida 32202
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

588801207505
-02/06/96-81053-018
****200.00 ****200.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

904/354-3147

Date

Daytime Phone #

CR2E034 (12/95)