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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 679219

(6)

D. J.'S ENTERPRISES OF COLUMBIA COUNTY, INC.

·		Mailing Address 1990-C SOUTH FIRST STREET P.O. BOX 1591 LAKE CITY FL 32056-1591						
						3. Date Incorporated or Qualified	3a. Date of Last	Report
2. Principal I	Place of Business	2a. Mailing Address				<b>07/21/1980 4.</b> FEI Number	1 04/12/1996	
21		26				. 4	<del>  -   -</del>	Applied For
Suite, Apt		Suite, Apt. #, etc.				59-2010350	60 75	Not Applicable Additional
22		27	27			5. Certificate of Status Desired Fee Required		
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution		to Fees
Zφ	Country	Zip	Country	′		8. This corporation has liability for i	ntangible tax under	s. 199.032,
24	25]		30			Florida Statutes	Yes No	
	9. Name and Address of Curre	nt Registered Agent		ı		10. Name and Address of New Re	gistered Agent	
MC	DAVID, TERRY		81	Nam	ne			
200	NORTH MARION ST.		82	Stre	et Addres	s (P.O. Box Number is Not Acceptab	le)	
LAK	E CITY FL 32055					· · · · · · · · · · · · · · · · · · ·		
			83					
			84	City			- 85 Zip	Code
enga a e ee	The state of the s						FL i i	
SIGNATURE	Sugnaturin type and proposition at of registered as		: Registered Agr			ation submits this statement for the p i's board of directors. I hereby accep when reinstating)	DATE	
12.		DELETE	13.		1	ADDITIONS/CHANGES TO OFFIC		
NAME	DP DENT D.		1.1 TITLE				L Change	☐ Addition
STREET ADDRESS	BENZ, D.J. 1990-C S. 1ST STREET	•	1.2 NAME	400000	\ <u>\</u>			
CHY ST Zir	LAKE CITY FL		1.3 STREET		25			
1416		DELETE	2 1 TITLE	11-511			☐ Change	Addition
NAME			22 NAME		-			
STREET ADDRESS			2.3 STREET	ADDRES	ss			
CHY - ST - 70P			2 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3 1 TITLE				☐ Change	Addition
NAME			32 NAME					
STREET ADDRESS			3 3 STREET	ADDRES	is			
CHY-\$1-735			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME OF STATE ASSESSED.			4. 2 NAME					
STREET AODRESS			4.3 STREET		SS			
CHY-\$1-Zift 1:TLF	· · · · · · · · · · · · · · · · · · ·	DELETE	4.4 CITY - S	T-ZIP				
NAME		ניין מבובוב	5.1 TITLE				L Change	L Addition
STREET ADORESS			5.2 NAME	ADDOCO				
CITY: \$1,20			5.3 STREET		»			
MILE		DELETE	5.4 CITY - S 6.1 TITLE	1-21		***************************************	Change	Addition
NAME			6.2 NAME				ET Guarde	- Auditors
STREET ADORESS			6.3 STREET	ADDRES	<sub>ss</sub>			
CHY-SEZIF			6.4 CITY - S		~			
<b>14.</b> Loo hea	by certify that the information supplie	ed with this filing does not qualif	y for the eye	motion	n stated in	Section 119.07(3)(i), Florida Statutes	. I further certify tha	it the
Intormati Lam an d	ori indicated on this annual report or i	supplemental annual report is tr or the receiver or trustee empow	ue and accu ered to exec	ırata a	ind that m	y signature shall have the same lega s required by Chapter 607, Florida S	l affact as if made u	ndar aath: that l

SIGNATURE:

LAND TYPEO OF SHINTED NAME OF SIGNING OFFICER O

4/14/97

904 152 8986

**FILED** 

Apr 22 1997 8:00am

Secretary of State