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FILED  
Mar 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 837688 (1)  
1. Corporation Name  
HJ CONSULTANTS, INC.

Principal Place of Business  
8406 DORIS DRIVE  
FT. PIERCE FL 34951

Mailing Address  
P.O. BOX 30292  
378 BEAR TRAIL  
RIVER RANCH FL 33867  
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.		01/12/1977	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		04-2258020	
24 Country		29 Country		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	
JONES, HARRISON JR. 7508 PACIFIC AVE. LAKEWOOD PK FT. PIERCE FL 34951				81 Name JONES, HARRISON JR	
				82 Street Address (P.O. Box Number is Not Acceptable) 5927 CANTERBURY DR	
				83 P.O. Box 30292	
				84 City RIVER RANCH	
				85 Zip Code 33867	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	JONES, HARRISON JR.	1.2 NAME	
STREET ADDRESS	P.O. BOX 30292, 378 BEAR TRAIL N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVER RANCH FL 33867	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	JONES, PAULINE E.	2.2 NAME	
STREET ADDRESS	P.O. BOX 30292, 378 BEAR TRAIL N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVER RANCH FL 33867	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	
NAME	BARRINGER, DEAN	3.2 NAME	
STREET ADDRESS	8406 DORIS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34951	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	BARRINGER, JOYCE	4.2 NAME	
STREET ADDRESS	8406 DORIS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34951	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	THOMPSON, ELAINE M.	5.2 NAME	Thompson, Elaine M
STREET ADDRESS	4905 MAGNOLIA	5.3 STREET ADDRESS	6806 Breezy Pass
CITY-ST-ZIP	BAY CITY TX	5.4 CITY-ST-ZIP	Austin, Texas 78749
TITLE	D	6.1 TITLE	D. RONALD Jones
NAME	JONES, RONALD	6.2 NAME	3280 S.E. 31ST TR.
STREET ADDRESS	924 PHILLIPS LANE	6.3 STREET ADDRESS	OCALA, FL. 34471
CITY-ST-ZIP	LITTLETON CO	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.

SIGNATURE: \_\_\_\_\_ 3/12/98 (501) 461-6120

CR2E034 (1097)