

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90192 001 ***150.00

DOCUMENT # 837688

1. Corporation Name
HJ CONSULTANTS, INC.

Principal Place of Business

DORIS DRIVE
PIERCE FL 34951

Mailing Address

P.O. BOX 30292
378 BEAR TRAIL
RIVER RANCH FL 33867
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1977

4. FEI Number

04-2258020

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JONES, HARRISON JR.
5927 CANTERBERRY DR
P.O. BOX 30292
RIVER RANCH FL 33867

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
JONES, HARRISON JR.
STREET ADDRESS P.O. BOX 30292, 378 BEAR TRAIL N/A
CITY-ST-ZIP RIVER RANCH FL 33867

TITLE TD
JONES, PAULINE E.
STREET ADDRESS P.O. BOX 30292, 378 BEAR TRAIL N/A
CITY-ST-ZIP RIVER RANCH FL 33867

TITLE VPD
BARRINGER, DEAN
STREET ADDRESS 6406 DORIS DRIVE
CITY-ST-ZIP FT. PIERCE FL 34951

TITLE SD
BARRINGER, JOYCE
STREET ADDRESS 6406 DORIS DRIVE
CITY-ST-ZIP FT. PIERCE FL 34951

TITLE D
THOMPSON, ELAINE M.
STREET ADDRESS 6806 BREEZY PASS
CITY-ST-ZIP AUSTIN TX 78749

TITLE D
JONES, RONALD
STREET ADDRESS 3280 SE 31ST TRL
CITY-ST-ZIP OCALA FL 34471

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *Joyce Barringer* JOYCE BARRINGER

4-28-99

(561) 461-6120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)