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Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F04351 (5)

1. Corporation Name
MJM'S TEMPORARYS, INC.

Principal Place of Business
P.O. BOX 294
LAKE WALES FL 33859-0294

Mailing Address
P.O. BOX 294
LAKE WALES FL 33859-0294



3. Date Incorporated or Qualified 11/04/1980
3a. Date of Last Report 04/25/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2045928		Applied For Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No			
24. Country		29. Country		30. Country			

9. Name and Address of Current Registered Agent

RRHODENIZER, MARY JO
148 S LAKESHORE DRIVE
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	☐ Change ☐ Addition
NAME	ROGERS, ELEANOR JOYCE	1.2 NAME	
STREET ADDRESS	1126 S SCENIC HWY	1.3 STREET ADDRESS	
CITY- ST- ZIP	LAKE WALES, FL 00000	1.4 CITY- ST- ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	RHODENIZER, MARY JO	2.2 NAME	
STREET ADDRESS	148 S LAKESHORE DR	2.3 STREET ADDRESS	
CITY- ST- ZIP	LAKE WALES, FL 00000	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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 provided 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 13, or both, if changed, or on an attachment with an address.

SIGNATURE: *Mary J Rhodenizer* 3/17/97 941-676-5444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)