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**Feb 07 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 # F85126 (3)

1. Corporation Name
P. J. L., INC.

103



Principal Place of Business: **JOSEPH P GLENN
US 1, M.M. 27.5, P.O. BOX 509
RAMROD KEY FL 33042**

Mailing Address: **JOSEPH P GLENN
US 1, M.M. 27.5, P.O. BOX 509
RAMROD KEY FL 33042**

3. Date Incorporated or Qualified: **06/14/1982**

3a. Date of Last Report: **10/21/1996**

2. Principal Place of Business

21. **SUMMERLAND Key FL**

22. **MM 27.5 USE**

23. **SUMMERLAND Key FL**

24. **33042** Country: **USA**

2a. Mailing Address

26. **MM 27.5 USE**

27. **PO BOX 509**

28. **SUMMERLAND Key FL**

29. **33043** Country: **USA**

4. FEI Number: **65-0059708**

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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**GLENN, JOSEPH P.
US #1 MM27.5
P.O. BOX 420509
SUMMERLAND KEY FL 33042**

10. Name and Address of New Registered Agent

81. Name: **Joseph P Glenn**

82. Street Address (P.O. Box Number is Not Acceptable): **MM 27.5 USE RAMROD Key**

83. City: **FL**

84. Zip Code: **33042**

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: *Joseph P Glenn* (NOTE: Registered Agent signature required when reinstating)

DATE: **1-30-97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GLENN, JOSEPH P	
STREET ADDRESS	US 1, BOX 509	
CITY-ST-ZIP	RAMROD KEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*****165.00**

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 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 in an attachment with an address.

SIGNATURE: *Joseph P Glenn* (**JOSEPH P GLENN**)

DATE: **1-30-97**

CR2E034 (9/96)