SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1995.
ANNUAL REPORT DUE ON OR BEFORE 5/1/95: $320 (IF MAILED LATE, ADDITIONAL AMOUNT DUE TO REINSTATE: $875)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:47

DOCUMENT # **F92000000180 (1)**

1. Corporation Name

J & J CONTRACTORS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 6 COLLINSVILLE MS 39325	3325 GRIFFIN RD. #201 FT. LAUDERDALE FL 33312 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1992	3a. Date of Last Report: 05/01/1994
4. FEI Number: 64-0722622	☐ 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
7. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WALTERS, WILLIAM L
3991 SW 54TH ST
FT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

31 Name

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

33

34 City **FL** 35 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	CP	11 TITLE	☐ Change ☐ Addition
NAME	JOYNER, KENNETH D SR	12 NAME	
STREET ADDRESS	HWY 19 NORTH (P.O. BOX 6)	13 STREET ADDRESS	
CITY-ST-ZIP	COLLINSVILLE MS 39325	14 CITY-ST-ZIP	
TITLE	VCV	21 TITLE	☐ Change ☐ Addition
NAME	JOYNER, KENNETH D JR	22 NAME	
STREET ADDRESS	RT 3 BOX 339-A	23 STREET ADDRESS	
CITY-ST-ZIP	COLLINSVILLE MS 39325	24 CITY-ST-ZIP	
TITLE	DST	31 TITLE	☐ Change ☐ Addition
NAME	JOYNER, IMOGENE	32 NAME	
STREET ADDRESS	HWY 19 NORTH (P.O. BOX 6)	33 STREET ADDRESS	
CITY-ST-ZIP	COLLINSVILLE MS 39325	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	JOYNER, PAUL D	42 NAME	
STREET ADDRESS	HWY 19 N (P.O. BOX 215)	43 STREET ADDRESS	
CITY-ST-ZIP	COLLINSVILLE MS 39325	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	WALTERS, WILLIAM L	52 NAME	
STREET ADDRESS	3991 SW 54TH ST	53 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: William L Walters Vice-President 6/26/95 (305) 964-9259
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

William L. WALTERS

0001/95 CP