

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F92000000180 (1)

1. Corporation Name

J & J CONTRACTORS, INC.



Principal Place of Business

P.O. BOX 6
COLLINSVILLE MS 39325

Mailing Address

3325 GRIFFIN RD., #201
FT. LAUDERDALE FL 33312
US

3. Date Incorporated or Qualified

11/04/1992

3a. Date of Last Report

06/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

64-0722622

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees 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

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP ☐ DELETE
NAME JOYNER, KENNETH D SR
STREET ADDRESS HWY 19 NORTH (P.O. BOX 6)
CITY-ST-ZIP COLLINSVILLE MS 39325

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

TITLE VCV ☐ DELETE
NAME JOYNER, KENNETH D JR
STREET ADDRESS RT 3 BOX 339-A
CITY-ST-ZIP COLLINSVILLE MS 39325

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

TITLE DST ☐ DELETE
NAME JOYNER, IMOGENE
STREET ADDRESS HWY 19 NORTH (P.O. BOX 6)
CITY-ST-ZIP COLLINSVILLE MS 39325

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

TITLE D ☐ DELETE
NAME JOYNER, PAUL D
STREET ADDRESS HWY 19 N (P.O. BOX 215)
CITY-ST-ZIP COLLINSVILLE MS 39325

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

TITLE V ☐ DELETE
NAME WALTERS, WILLIAM L
STREET ADDRESS 3991 SW 54TH ST
CITY-ST-ZIP FT LAUDERDALE FL 33312

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William L. Walters

Date

4-25-96

Daytime Phone

(954) 964-4254

CR2E034 (12/95)