

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

FILED

May 12 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 39325Mailing Address  
3325 GRIFFIN RD., #201  
FT. LAUDERDALE FL 33312-5500  
US3. Date Incorporated or Qualified  
11/04/19923a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
64-0722622Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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	<input type="checkbox"/> DELETE
NAME	JOYNER, KENNETH D SR	
STREET ADDRESS	HWY 19 NORTH (P.O. BOX 6)	
CITY - ST - ZIP	COLLINSVILLE MS 39325	
TITLE	VCV	<input type="checkbox"/> DELETE
NAME	JOYNER, KENNETH D JR	
STREET ADDRESS	RT 3 BOX 339-A	
CITY - ST - ZIP	COLLINSVILLE MS 39325	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	JOYNER, IMOGENE	
STREET ADDRESS	HWY 19 NORTH (P.O. BOX 6)	
CITY - ST - ZIP	COLLINSVILLE MS 39325	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOYNER, PAUL D	
STREET ADDRESS	HWY 19 N (P.O. BOX 215)	
CITY - ST - ZIP	COLLINSVILLE MS 39325	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WALTERS, WILLIAM L	
STREET ADDRESS	3991 SW 54TH ST	
CITY - ST - ZIP	FT LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William L. Walters  
Vice-Pres

4-28-97

Date

(954) 964-4254

Daytime Phone #

CR2E034 (9/96)