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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F93000001327 (6)

J&JE	RECTORS, INC.	. ,			
Principal Place of Business Mai		Mailing Address		I (#O)46 % Idam amang (a)40 mbini mbin	e moint amint lindm fillm tents in be in bi
3225 SOUTH TORRENCE STREET MARION IN 46953		3225 SOUTH TORRENCE STREET MARION IN 46953-3930			
				3. Date Incorporated or Qualified 03/16/1993	3a. Date of Last Report 02/05/1996
	Place of Business	28. Ma ling Address		4. FEI Number	Applied f or
21 Suite, Apt.	#. etc.	Suite, Apt. #, etc.		35-1371829	Not Applicable  \$8.75 Additional
22	.,	27		5. Certificate of Status Desired	Fee Required
City & Stale		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	ή	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has fiability for	intangible tax under s. 199.032, Yes □ No
24	25 9. Name and Address of Current	[29] Registered Agent	30	Florida Statutes  10. Name and Address of New Re	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			81 Name		<u></u>
			82 Street Add	dress (P.O. Box Number is Not Acceptat	nle)
	NTATION FL 33324			Steed (1.5. Box Marrise 15 No. Assepting	,,,,,
			83		
			84 City		85 Zip Code
11 Pursuant	to the provisions of Socious 607 0502	and 607 1508 Florida Statu	tos tao above pamed cor	rporation submits this statement for the p	FL 39 2.0000
office or r	registered agent, or both, in the State of the obligation of the o	f Florida. Such change was	authorized by the corpora	ation's board of directors. I hereby accep	ot the appointment as registered
SIGNATURE	in rannial wart, and accept the obligation	tins or, beclion our obos, in	ontra Statutes		
	Signature, typed or printed name of regeltered aspect		TE: Registered Agent signature requ		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TOTLE	PCD DALLAS M	☐ DELETE	1.1 THLE		Change Addition
NAME Street address	SPENCER, DALLAS M R#2, BOX 1172		12 NAME		
CITY-ST-ZIP	SUMMITVILLE IN 46070		1.3 STREET ADDRESS 1.4 CITY - ST- ZIP		
TITLE	ASD	DELETE	21 TILLE		Change Addition
NAME	SPENCER, CINDY L		2 2 NAME		
STREET ADDRESS	R#2, BOX 1172		2.3 STREET ADDRESS		
CITY-ST-ZIP	SUMMITVILLE IN 46070		2. 4 CHY+ST+ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		DITTE	3.4. CHY-S1-ZIP		Change Addition
TITLE NAME			4.1 TITLE 4. 2 NAME		C Change C Adamon
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 C(1)Y+S1+Z(P		i i
TITLE		DELETE	51 TILLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STRCE1 ADDRESS		
CITY-ST-ZIP			5.4 CBY - \$7 - 7IP		
TITLE		DETETE	6.1 TRLF		☐ Change ☐ Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 C(TY - \$1 - 2(P)		

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 supply mental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the copy ration or the seceiver 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 thinged, or or an attachment with an address.

SIGNATURE: Dallas on Delar en

3/10/97 /7/5/112-1934

**FILED** 

Mar 17 1997 8:00am

Secretary of State