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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Apr 04 1997 8:00am

Secretary of State

Daytime Phone # 0011397

I I HA DINGO INNO HANDE GANTA GARRIL BORIN GONE GARRIN OCTIVA GARRIA KULTUR ARRADI ONIN KODA

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000006235 (3)

TJ&G, INC.

SIGNATURE:

D: (F)		***								
Principal Place of Business Mailing Address						TO THE PART OF THE		17710 \$1000 \$1101	E117 1891	
% ANDERSON 1020 FLORALA OPP AL 36467	MANUFACTURED HOME CENTER, INC. HWY	% ANDERSON MANUFACTURED HOME CENTER, INC. 1020 FLORALA HWY OPP AL 36467-3359								
		• • • • • • • • • • • • • • • • • • • •				3. Date Incorporated or Qualified 12/02/1996	3a. Da	ite of Last R	eport	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	*	Ap	plied For]
21		26				63-1153771			t Applicable]
Suite, Apt 22	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			١,	
City & Stat	e e	City & State				6. Election Campaign Financing \$5.00 M				7 '
23		28	·			Trust Fund Contribution		Added to Fees		<u></u> .
Zip	Country	Zip		untry		8. This corporation has liability for in	. ~ -		. 199.032	4
24	9. Name and Address of Current	29	30		 	Florida Statutes 10. Name and Address of New Reg		_i No		-
	······································	vaðistelen viðallt		81	Name	10. Name and Address of New Reg	istered /	Agent		┨
	SON, TOMMIE J				14dillo					
	JUNIPER LAKE RD			82	Street Addres	ss (P.O. Box Number is Not Acceptabl	θ)			1
UEF	UNIAK SPRINGS FL 32433			83	· · · ·					-
				63				•		
				84	City		FL	85 Zip (Code	1
44 Parenant	to the provisions at Sections 607 0502	and 607 1508. Florida Statut	ac tha a	boye	namad aarna	ration submits this statement for the or		observing it	o sociatorod	4
office or i	to the provisions of Sections 607.0502 registered agent or both, in the State our faculty and accept the oblight	Florida. Such change was	authorize	d by t	he corporatio	on's board of directors. I hereby accept	t the app	ointment as	registered	
ageni La	im familiar with, and accept the oblight	ns of, Section 607.0505, Fig	orida Sta	itutes.		/λ 44	40.	. / ^ ^	~	
SIGNATURE	Signature, typica or printed harve of projetered agent	a ditre il applicable INOT	F. Regislare	ari Anont	signature required	when reinstelling)	DATE	1776	<u>/</u>	
12.		DIRECTORS	13,		ognator require	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	S IN 12	le
TITLE	CP	DELETE	1.1 T					☐ Change	Addition	96/6)
NAME	ANDERSON, H. TODD		1.2 N	3MAI						4
STREET ADDRESS	1200 FLORALA HWY		1.3 S	TREET A	DDRESS					18
CITY - ST-ZIP	OPP AL 36467		1.4 0	HY-ST-	ZIP					CR2E034
TITLE	VCST	DELETE	DELETE 2.1 TIT			····		Change	Addition	5
NAME	ANDERSON, JANET L	ľ		2.2 NAME						
STREET ADORESS	1200 FLORALA HWY		2.3 \$	TREET A	DDRESS					
CHY-S7-ZIP	OPP AL 36467		2.40	CITY-ST-	- ZIP			• :		1
THLE	υ	☐ DELETE						Change	☐ Addition	1
NAMI	BOWDOIN, TONJA L		3.2 N	lame						
STREET ADDRESS	901 PALMER ST		3.3 S	TREET A	DDRESS					
CITY-ST-ZIF	OPP AL 38467			CITY - ST-	- ZIP					1
TITLE		☐ DELETE	4.1 T					∐ Change	☐ Addition	
NAME				NAME						1
STHEFT ADDRESS			- E	TREET A	1					
CHY-ST-7IP		T ntirt		ITY-ST-	ZIP				2420	4
TITLE		☐ DELETE	5.1 T					Change	☐ Addition	1
NAME			5.2 N			•				1
STREET ADDRESS				STREET A		V ₁				1
City - ST - ZIP		DELETE	_	HTY-ST-	ZIP	-	· · · · · · · · · · · · · · · · · · ·	Channa	Addition.	4
THTLE MARKE		F"1 Ntrc∗t	6.1 T					Change		1
NAME CIDELL ADDOCCO			6.2 N		DDDT 00	•				1
STREET ADDRESS				TREET A						
14 100 here	oy certify that the information supplied	with this filing does not qualit		ITY-ST-		in Section 119 07/3Vill Florida Statutos	I further	cortify that	the	4
mformatic	on indicated on this annual report or su fficer or director of the corporation or the ri Block 12 or fileck 13 if changed, or c	oplemental annual report is t	rue and	accura	ate and that n	ny sionature shall have the same legal	effect as	if made und	der oath: tha	