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FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G48865**

(1)

1. Corporation Name

J & J DELIVERIES, INC.

Principal Place of Business

**3606 E 9TH AVENUE
TAMPA FL 33605
US**

Mailing Address

**P.O. BOX 16741
TEMPLE TERRACE FL 33687-6741
US**

3. Date Incorporated or Qualified

07/14/1983

3a. Date of Last Report

10/03/1996

4. FEI Number

59-2319641

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BURFORD, JARRELL A
303 SUNNYSIDE RD
TEMPLE TERRACE FL 33617**

10. Name and Address of New Registered Agent

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 607.0602 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

By State, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PDV

☐ DELETE

NAME

BURFORD, JARRELL A.

STREET ADDRESS

303 SUNNYSIDE RD

CITY - ST - ZIP

TAMPA FL

TITLE

T

☐ DELETE

NAME

MARTIN, RHONDA L.

STREET ADDRESS

4800 S WESTSHORE APT 623

CITY - ST - ZIP

TAMPA FL

TITLE

S

☐ DELETE

NAME

KENNEN, TRACY L

STREET ADDRESS

500 N CONGRESS APT 4

CITY - ST - ZIP

W PALM BEACH FL

TITLE

VD

☐ DELETE

NAME

BURFORD, J. ALLEN

STREET ADDRESS

4335 MILLBROOK AVE APT 14

CITY - ST - ZIP

TAMPA FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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

4/14/97

Date

918-247-4004

Daytime Phone

0371327

CR2E034 (9/96)