

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

FILED

Jun 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

**3806 E 9TH AVENUE
TAMPA FL 33605
US**

Mailing Address

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/14/1983

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

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

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PDV
BURFORD, JARRELL A.
303 SUNNYSIDE RD
TAMPA FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T
MARTIN, RHONDA L.
4800 S WESTSHORE APT 623
TAMPA FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
KENNEN, TRACY L
800 N CONGRESS APT 4
W PALM BEACH FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
BURFORD, J. ALLEN
4335 MILLBROOK AVE APT 14
TAMPA FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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.

CR2E034 (10/97)