

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G92918** (3)

1. Corporation Name

**CJL SERVICES, INC.**



Principal Place of Business

**C/O CLIFFORD W. MCGEE JR.  
1461 S. US #1  
OAK HILL FL 32759  
US**

Mailing Address

**C/O CLIFFORD W. MCGEE JR.  
1461 S US #1  
OAK HILL FL 32759  
US**

3. Date Incorporated or Qualified

**03/23/1984**

3a. Date of Last Report

**04/20/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

**59-2391755**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GENETTA, MCGEE  
4200 RAYBURN ROAD  
COCOA FL 32926**

81 Name

**CLIFFORD W MCGEE JR.**

82 Street Address (P.O. Box Number is Not Acceptable)

**290 E. HALIFAX AVE**

83

84 City

**OAK HILL**

**FL**

**32759**

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

*Clifford W McGee Jr*

**4-22-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

**D  
MCGEE, GENETTA K  
4200 RAYBURN RD  
COCOA FL**

TITLE ☐ DELETE

**D  
MCGEE-MANIS, LISA K  
4200 RAYBURN RD  
COCOA FL**

TITLE ☐ DELETE

**PST  
MCGEE, CLIFFORD W JR  
1461 S US #1  
OAK HILL FL**

TITLE ☐ DELETE

**D  
GUILDA T MCGEE  
1461 S US #1  
OAK HILL FL 32759**

TITLE ☐ DELETE

**D  
GUILDA T MCGEE  
1461 S US #1  
OAK HILL FL 32759**

TITLE ☐ DELETE

**D  
GUILDA T MCGEE  
1461 S US #1  
OAK HILL FL 32759**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Date

Daytime Phone #

*Clifford W McGee Jr*

**4-22-96**

**904 3451827**

CR2E034 (12/95)