

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G92918** (3)

1. Corporation Name
CJL SERVICES, INC.



Principal Place of Business C/O CLIFFORD W. MCGEE JR. 1481 S. US #1 OAK HILL FL 32759 US	Mailing Address C/O CLIFFORD W. MCGEE JR. 1481 S US #1 OAK HILL FL 32759-8668 US
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3. Date Incorporated or Qualified 03/23/1984	3a. Date of Last Report 04/26/1996
4. FEI Number 59-2391755	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 290 E. HALIFAX AVE	2a. Mailing Address 26 PO Box 334
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State 23 OAK HILL FL	27 City & State 28 OAK HILL FL
24 Zip 32759 25 Country USA	29 Zip 32759 30 Country USA

9. Name and Address of Current Registered Agent MCGEE, CLIFFORD W. 290 E. HALIFAX AVENUE OAK HILL FL 32759	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MCGEE, GUILDA T.	1.2 NAME	
STREET ADDRESS	1481 S. U.S. #1	1.3 STREET ADDRESS	290 E HALIFAX AVE
CITY - ST - ZIP	OAK HILL FL	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MCGEE-MANIS, LISA K	2.2 NAME	
STREET ADDRESS	4200 RAYBURN RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	COCOA FL	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PST MCGEE, CLIFFORD W JR	3.2 NAME	
STREET ADDRESS	1481 S US #1	3.3 STREET ADDRESS	290 E HALIFAX AVE
CITY - ST - ZIP	OAK HILL FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Clifford W. McGee Jr* **CLIFFORD W. MCGEE JR** 4/10/97 904 345 1827

CR2E034 (9/96)