

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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90022 031 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **H02903**

1. Corporation Name
INVEST CMJ, INC.

Principal Place of Business RT. 2 BOX 1500 HIGHWAY 236 20412 N.W. CR 236 HIGH SPGS. FL 32643 US	Mailing Address RT. 2 BOX 1500 HIGHWAY 236 20412 N.W. CR 236 HIGH SPGS. FL 32643 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 RT. 2 BOX 1500 HIGHWAY 236 20412 N.W. CR 236 HIGH SPGS. FL 32643 US		2a. Mailing Address 26 RT. 2 BOX 1500 HIGHWAY 236 20412 N.W. CR 236 HIGH SPGS. FL 32643 US	3. Date Incorporated or Qualified 05/10/1984
Suite, Apt. #, etc. 22 3760 SW 65th Street		4. FEI Number 59-2868426	
City & State 23 Trenton FL		Applied For <input type="checkbox"/> Not Applicable	
Zip 24 32693		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29 32693		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CLEMONS, ROBERT B.
RT. 2 BOX 1500
HWY 236
HIGH SPGS. FL 32643

10. Name and Address of New Registered Agent

81 Name Robert B. Clemons
82 Street Address (P.O. Box Number is Not Acceptable) 3760 SW 65th Street
83 City Trenton FL
84 Zip Code 32693

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 Robert B. Clemons, Treasurer DATE 4/10/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLEMONS, ROBERT B RT 2 BOX 1500, HWY 236 HIGH SPRINGS FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Change 3760 SW 65th St Trenton, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JERKINS, I.M. POST OFFICE BOX 947 ((N/A)) HIGH SPRINGS FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKENZIE, JOE POST OFFICE BOX 1607 ((N/A)) HIGH SPRINGS FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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, with all other like empowered.

SIGNATURE: Robert B. Clemons, Treasurer DATE 4/10/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)