

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H32094 (5)

1. Corporation Name

T & J INCORPORATED OF PORT CHARLOTTE

Principal Place of Business

Mailing Address

**% JACK O. HACKETT II
115 W. OLYMPIA AVE.
PUNTA GORDA FL 33950**

**% JACK O. HACKETT II
115 W. OLYMPIA AVE.
PUNTA GORDA FL 33950**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/30/1984	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2466864	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	2a. Mailing Address
21. Suite, Apt. #, etc.	25. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HACKETT, JACK O., II
115 W. OLYMPIA AVE.
PUNTA GORDA FL 33950**

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 title if applicable)

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	FONFARA, THEODORE J., JR.	1.2 NAME	
STREET ADDRESS	390 STRASBURG	1.3 STREET ADDRESS	
CITY ST ZIP	PORT CHARLOTTE FL	1.4 CITY ST ZIP	
TITLE	VTS	2.1 TITLE	☐ Change ☐ Addition
NAME	FONFARA, MARY JO	2.2 NAME	
STREET ADDRESS	390 STRASBURG	2.3 STREET ADDRESS	
CITY ST ZIP	PORT CHARLOTTE FL	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	FONFARA, MARY JO	3.2 NAME	
STREET ADDRESS	390 STRASBURG	3.3 STREET ADDRESS	
CITY ST ZIP	PORT CHARLOTTE FL	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Theodore J. Fonfara Jr. PRESIDENT

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THEODORE J. FONFARA JR.

4/25/95 8136292303