FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY 31 AM 7:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # H34069 (5)

1. Corporation Name
S. J. A. CONSULTING, INC.

Principal Place of Business	Mailing Address
% JIMMY P. GRIFFIN 2941 PALM BEACH BLVD. FORT MYERS, FL 33916	% JIMMY P. GRIFFIN P. O. DRAWER 1490 FORT MYERS, FL 33902-1490

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/84
3a. Date of Last Report: 03/22/94

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt #, etc (22) (27)
City & State (23) (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: 59-2475675 ☐ 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

7. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GRIFFIN, JIMMY P.
~~P. O. DRAWER 1490~~
~~FORT MYERS, FL 33902-1490~~
2941 PALM BEACH BLVD
FORT MYERS, FL
33916-1504

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

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 changing. DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY ST ZIP: DP - GRIFFIN, JIMMY P. 2941 PALM BEACH BLVD. FORT MYERS, FL 33916	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP: D - GRIFFIN, SALLY P. 2941 PALM BEACH BLVD. FORT MYERS, FL 33916	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP: D - RICCIARDI, GUY C. 2941 PALM BEACH BLVD. FORT MYERS, FL 33916	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP: D - RICCIARDI, ABBIE W. 2941 PALM BEACH BLVD. FORT MYERS, FL 33916	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP:	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP ☐ Change ☐ Addition REMITTED BY MAY 1
TITLE / NAME / STREET ADDRESS / CITY ST ZIP:	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP ☐ Change ☐ Addition

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)(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: Jimmy P. Griffin
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL
JIMMY P. GRIFFIN PRESIDENT
Date: APRIL 17, 1995
Telephone number: 813 337-0333