

3-11-98 B 3113 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H34069** (5)
1. Corporation Name
S. J. A. CONSULTING, INC.

Principal Place of Business % JIMMY P. GRIFFIN 2941 PALM BEACH BLVD. FT. MYERS FL 33916	Mailing Address P. O. DRAWER 1490 2941 PALM BEACH BLVD. FT. MYERS FL 33902-1490 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/14/1984	
4. FEI Number 59-2475675		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent GRIFFIN, JIMMY P. P. O. DRAWER 1490 FT. MYERS FL 33902				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83 City				84 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 _____ DATE _____
(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	DP	<input type="checkbox"/> DELETE		1.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIFFIN, JIMMY P.			1.2 NAME			
STREET ADDRESS	2941 PALM BCH. BLVD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIFFIN, SALLY P.			2.2 NAME			
STREET ADDRESS	2941 PALM BCH. BLVD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICCIARDI, GUY C.			3.2 NAME			
STREET ADDRESS	2941 PALM BCH. BLVD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICCIARDI, ABBIE W.			4.2 NAME			
STREET ADDRESS	2941 PALM BCH. BLVD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT. MYERS FL			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 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 **SALLY P. GRIFFIN** MARCH 6, 1998 941-337-0333

CR2E034 (10/97)