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

PROFIT CORPORATION **ANNUAL REPORT**

1997

のできるなどのできるなどのは他の一般を発展しているとなる。 「他の一般を見れている」というないできない。 これの一般である。 「他の一般である。 「他の一般である。」」「他の一般である。」」」「他の一般である。」」「他の一般で



FLORIDA DEPARTMENT OF STATE

FILED

May 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPÓRATIONS

DOCUMENT #

(7)

J-4 DEV	/ELOPMENT, INC.				
				A ARAIRIN BANA BANA ABANA ABANA	Bill Billi Billi Gibil Bibit Billi Billi Billi
Principal Plac	e of Business	Mailing Address			OLIC BLOEL BLOTT GISTA BIOTI OLOTT STOTT ID OL
* MICHAEL J. JOHNSON * M		MICHAEL J. JOHNSON			·
1030 UNDERWOOD DRIVE		1030 UNDERWOOD DRIVE			
PENSACOLA F	·L 32504	PENSACOLA FL 32504-890	24	3. Date Incorporated or Qualifie	d 3a. Date of Last Report
				02/11/1985	05/01/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2696267	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.			C9 75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability f	or intangible tax under s. 199.032,
24	25	29	30	Florida Statutes	Yes No
*	9, Name and Address of Currer	nt Registered Agent		10. Name and Address of New	Registered Agent
JOH	INSON, MICHAEL J.		81 Name		
	O UNDERWOOD DRIVE		82 Street Add	ress (P.O. Box Number is Not Accep	table)
PEN	ISACOLA FL 32504				
7			83		
Ę			84 City		85 Zip Code
11 Durauant	to the provisions of Sections 607 050	12 and 607 1609. Florida Statut	sa tha share samed as		FL 63 240 COOP
office or r	egistered agent, or both, in the State	of Florida. Such change was a	es, the above-hamed cor authorized by the corpora	poration submits this statement for thation's board of directors. I hereby ac	e purpose of changing its registered cept the appointment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Fig	orida Statutes.	,	,
SIGNATURE	Signature, typed or printed name of registered age	and and tale if applicable. ZMC1	E. Flugislered Agent signature requ		
12.	OFFICERS AN		18.		FICERS AND DIRECTORS IN 12
TITLE ::-	P	DELETE	1.1 HTLE		Change Addition
NAME	JOHNSON, MICHAEL L.		1.2 NAME		
STREET ADDRESS	1030 UNDERWOOD AVE.		1.3 STREET ADDRESS		
CITY - ST - ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP		
TITLE	<u>V</u>	DELETE	2. TITLE		Change Addition
NAME	JENNINGS, SCOTT A.		2.2 NAME		
STREET ADDRESS	161 BALDWIN AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		2. 4 City - St - ZiP		
TITLE	ST	☐ DELETE	3.1 TOLE	, , , , , , , , , , , , , , , , , , ,	Change Addition
NAME	JOHNSON, LARRY B., JR.		3.2 NAME		·
STREET ADDRESS	1030 UNDERWOOD AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-S1-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4 P NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELE1E	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE "		☐ DELETE	6 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.4 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or has 3 technical with an address.