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 11 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H47209** **(2)**

1. Corporate Name
S & J FUNDING COMPANY, INC.

Principal Place of Business	Mailing Address
3922 CHEVERLY DR P.O.BOX 6703 (33806) LAKELAND FL 33813	3922 CHEVERLY DR P.O.BOX 6703 (33806) LAKELAND FL 33813

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/14/1985**
3a. Date of Last Report: **04/08/1994**

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

4. FEI Number: **59-2530537** ☐ 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 assets or transacts business in excess of $100,000 as defined by Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WEEKS, JAMES M., JR.
3922 CHEVERLY DRIVE
LAKELAND FL

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
(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, new agent must sign above.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if any)	
31 Title	PSD	41 Title	☐ Change ☐ Addition
32 Name	WEEKS, JAMES M., JR.	42 Name	
33 Street Address	3922 CHEVERLY DR	43 Street Address	
34 City, St, Zip	LAKELAND FL	44 City, St, Zip	
35 Title		45 Title	☐ Change ☐ Addition
36 Name		46 Name	
37 Street Address		47 Street Address	
38 City, St, Zip		48 City, St, Zip	
39 Title		49 Title	☐ Change ☐ Addition
40 Name		50 Name	
		51 Street Address	
		52 City, St, Zip	
		53 Title	☐ Change ☐ Addition
		54 Name	
		55 Street Address	
		56 City, St, Zip	
		57 Title	☐ Change ☐ Addition
		58 Name	
		59 Street Address	
		60 City, St, Zip	
		61 Title	☐ Change ☐ Addition
		62 Name	
		63 Street Address	
		64 City, St, Zip	

14. To the best of my knowledge, 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 1 or Block 11 if changed, or added, above or on an attachment with an asterisk.

SIGNATURE: [signature] Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Title if any)

0313427 CP