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FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H50383

(9)

1. Corporation Name

PANDJA ENTERPRISES INC.



Principal Place of Business

10670 LEM TURNER ROAD
SUITE 36
JACKSONVILLE FL 32218
US

Mailing Address

10670 LEM TURNER ROAD
SUITE 36
JACKSONVILLE FL 32218
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1985

4. FEI Number

59-2500651

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 10696-4 LEM TURNER RD.

Suite, Apt. #, etc.

22 City & State

23 Jacksonville, FL.

24 Zip

32218

Country

25 USA

2a. Mailing Address

26 10696-4 LEM TURNER RD.

Suite, Apt. #, etc.

27 City & State

28 Jacksonville, FL.

29 Zip

32218

Country

30 USA

9. Name and Address of Current Registered Agent

MORTON, PHILIP N.
10670 LEM TURNER ROAD
#36
JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

10696-4 LEM TURNER RD.

83

84 City

Jacksonville

FL

85 Zip Code

32218

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
STREET ADDRESS MORTON, PHILIP N.
CITY-ST-ZIP RT 2 BOX 1176
BRYCEVILLE FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS BANDY, GALE L.
CITY-ST-ZIP 402 SIMPSON RD.
KISSIMMEE FL

TITLE ☐ DELETE

NAME DS
STREET ADDRESS FLOWERS, JAMES RUSSELL
CITY-ST-ZIP 4700 IRIS RUTH LANE
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: [Signature]

4-30-98 904-7449105

CR2E034 (10/97)