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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H90791

(5)

JUNIOR ENTERPRISES, INC.

FILED Apr 14 1997 8:00am Secretary of State

Principal Place of Business % WILLIE J. JUNIOR 809 N. ALCANIZ STREET PENSACOLA FL 32501		% WILLIE J. JUNIOR 609 N. ALCANIZ STREET	Mailing Address  WILLIE J. JUNIOR  609 N. ALCANIZ STREET PENSACOLA FL 32501-4050		F HERMONI BINS IDINI BONI TROUG EDIDE HAD DEDIS BIBIN BURIN DUDIN DIDIN DIDIN			
		PENSACOLA FL 32501-40			3. Date Incorporated or Qualified 3a. Date of Last Report 12/19/1985 04/24/1996			
2. Principa P	face of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			59-2691915			Not Applicable
Suite Apt	# etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & Stat		City & State			6. Election Campaign Financing			
23		28			Trust Fund Contribution			O May Be d to Fees
Zip	Country	Zip	Coun	try	8. This corporation has liability for	<del></del>		
24	25	29	30				] No	J. 100.00i.,
T 11	9. Name and Address of Cu				10. Name and Address of New Ro	gistered A	gent	
JUN	NIOR, WILLIE J.		8	Name				
	N. ALCANIZ STREET		E	Street Add	dress (P.O. Box Number is Not Accepta	ble)		
	NSACOLA FL 32501			- 0001				
			<b>[</b>	33				
				34 City		·	0e 7.	p Code
				City	14	FL	85   Zij	o Code
SIGNATURE								
	Signar on, type that provided name of registers			Agent signature requ	uired when reinstating)	DATE	DIDECTO	ADC IN 12
12.	OFFICERS	AND DIRECTORS	13.		ured when reinstating) ADDITIONS/CHANGES TO OFFI			*****
<b>12.</b>	OFFICERS		13. 1.1 TIIL	F.			DIRECTO	*****
12. TITLE NAME	OFFICERS DP JUNIOR, WILLIE J.	AND DIRECTORS	13. 1.1 THL 1.2 NAM	E AE				*****
12. TITLE NAME STREET ADDRESS	OFFICERS DP JUNIOR, WILLIE J. 609 N. ALCANIZ STREET	AND DIRECTORS	13. 1.1 THL 1.2 NAM 1.3 STR	E AE EET ADDRESS				*****
12. TITH NAME STREET ADDRESS CHY-ST-ZIP	OFFICERS DP JUNIOR, WILLIE J. 609 N. ALCANIZ STREET PENSACOLA FL	AND DIRECTORS  DELETE	13. 1.1 TIIL 1.2 NAA 1.3 STR 1.4 CIT)	E ME EET ADDRESS (-ST-ZIP		CERS AND	☐ Change	Addition
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4. 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 on 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 other or director of the corporation of the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 file thinged if an an attachment with an address.

SIGNATURE:

MATURE AND TYPED OF PRINTED NAME OF EXT

LE TOR

4/8/97

904-438-7773