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Feb 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H92195

(7)

1. Corporation Name:

M.J.B. PROPERTIES, INC.

Principal Place of Business

% JAMES A. O'NEILL, JR.
92 EGLIN PARKWAY, N.E.
FORT WALTON BEACH FL 32548

Mailing Address

% JAMES A. O'NEILL, JR.
92 EGLIN PARKWAY, N.E.
FORT WALTON BEACH FL 32548-4957



3. Date Incorporated or Qualified

12/31/1985

3a. Date of Last Report

02/05/1996

4. FEI Number

72-1060219

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 liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

POWELL, RICHARD H.
92 EGLIN PARKWAY N.E.
FORT WALTON BEACH FL 32548

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

Sign in ink, type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE

NAME O'NEILL, JAMES A., JR.
STREET ADDRESS 2237 N. HULLEN, UNIT 201
CITY - ST - ZIP METARIE LA

TITLE D ☒ DELETE

NAME O'NEILL, MARIE D.
STREET ADDRESS 2237 N. HULLEN, UNIT 201
CITY - ST - ZIP METARIE LA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

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 DP ☒ Change ☐ Addition

1.2 NAME O'NEILL, JAMES A.
1.3 STREET ADDRESS 2302 ST. CHARLES AVE, #88
1.4 CITY - ST - ZIP NEW ORLEANS, LA 70150

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME O'NEILL, MARIE D.
2.3 STREET ADDRESS 2302 ST. CHARLES AVE, #88
2.4 CITY - ST - ZIP NEW ORLEANS, LA 70150

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 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 included 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 *James A. O'Neill* - JAMES A. O'NEILL

2-19-97

(504) 561-8294

Date

Daytime Phone #

CR2E034 (9/96)