

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 30 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J05747 (7)

1. Corporation Name

TJ CONTRACTORS, INC.

Principal Place of Business

10912 MAJURO DRIVE
JACKSONVILLE FL 32216

Mailing Address

10912 MAJURO DRIVE
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1030-1 E. 8th St.

2a. Mailing Address

26 10912 Majuro DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 JAX, FL.

City & State

28 JAX, FL

Zip

24 32206

Country

25 DUVAL

Zip

29 32246

Country

30 Duval

3. Date Incorporated or Qualified

03/18/1986

3a. Date of Last Report

11/04/1994

4. FFI Number

59-2648550

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COX, JOAN F.
10912 MAJURO DRIVE
JACKSONVILLE FL 32216

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

Signature, Title or printed name of registered agent and title of corporation

NOTE: Registered Agent signature required when resigning.

DATE

12. OFFICERS AND DIRECTORS

TITLE	EVS
NAME	COX, THOMAS PERRY
STREET ADDRESS	10912 MAJURO DRIVE
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	PT
NAME	COX, JOAN F.
STREET ADDRESS	10912 MAJURO DRIVE
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	CIV/D	☒ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
5. TITLE	PIT/D	☒ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE	EVS/D	☐ Change ☒ Addition
10. NAME	JOSEPH W. MINES JR	
11. STREET ADDRESS	1925 SILVER STREET	
12. CITY, ST, ZIP	JAX, FL. 32206	
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report in Item 1 and Item 2 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 AND TITLE OF PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

JOAN F. COX President.

3/24/95 904-642-4410