

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 09 1997 8:00am
Secretary of State

DOCUMENT # **J16692** (2)

1. Corporation Name

J. THOMAS STRICKLAND, INC.

Principal Place of Business

**250 A. NORTH US HWY 1
ORMOND BEACH FL 32174**

Mailing Address

**250 A. NORTH US HWY 1
ORMOND BEACH FL 32174-4504**



2. Principal Place of Business

21 INACTIVE

Suite, Apt. #, etc

22
City & State

23
Zip

25 Country

24

2a. Mailing Address

26 343 DAYTONA AVE

Suite, Apt. #, etc

27
City & State

28 HOLLY HILL FL

29 32117

30 VOLUSIA

3. Date Incorporated or Qualified

05/27/1986

3a. Date of Last Report

11/21/1996

4. FEI Number

59-2690873

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

9. Name and Address of Current Registered Agent

**STRICKLAND, III, JOHN THOMAS
454 N. RIDGEWOOD AVE.
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

81 Name STRICKLAND III JOHN THOMAS

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

343 DAYTONA AVE

83

84 City

HOLLY HILL

FL

85 Zip Code

32117

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

0 ☐ DELETE
NAME STRICKLAND, III, JOHN THOMAS
STREET ADDRESS 454 N. RIDGEWOOD AVE.
CITY - ST - ZIP ORMOND BEACH FL 32174

☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE
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CITY - ST - ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
1.1 TITLE STRICKLAND III JOHN THOMAS
1.2 NAME
1.3 STREET ADDRESS 343 DAYTONA AVE
1.4 CITY - ST - ZIP HOLLY HILL FL 32117

☐ Change ☐ Addition
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition
6.1 TITLE
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. THOMAS STRICKLAND III

4/29/97

904 255 0304

Daytime Phone #

0026088

CR2E034 (9/96)