FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 FEB 14 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J34152 (5)

1. Corporation Name
N6429 J. CORP.

Principal Place of Business	Mailing Address
% CHARLES A. HALL 417 CANAL ST NEW SMYRNA BEACH FL 32168-7009	% CHARLES A. HALL 417 CANAL ST NEW SMYRNA BEACH FL 32169-7009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1986	3a. Date of Last Report: 06/21/1994
4. FEI Number: 59-2731340	☐ 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	2a. Mailing Address
21 % PATRICK A. DONNELLY	26 % PATRICK A. DONNELLY
22 Suite, Apt. #, etc. 500 CANAL ST.	27 Suite, Apt. #, etc. P.O. BOX 1940
23 City & State NEW SMYRNA BEACH	28 City & State NEW SMYRNA BEACH
24 Zip 32168 25 Country VOLUSIA	29 Zip 32170 30 Country VOLUSIA

9. Name and Address of Current Registered Agent

HALL, CHARLES A.
417 CANAL ST
D
NEW SMYRNA BEACH FL

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: Patrick A. Donnelly — President — 2/9/95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandated) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	DONNELLY, PATRICK A.	1.2 NAME	
STREET ADDRESS	1412 WILLOW OAK DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32132	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	☐ Change ☐ Addition
NAME	DONNELLY, PATRICK	2.2 NAME	
STREET ADDRESS	1412 WILLOW OAK	2.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32132	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Patrick A. Donnelly — President — 2/9/95 — 904-423-4248
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
Patrick A. Donnelly
Date — Daytime Phone #

0010048 CP