


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

FILED

Mar 28 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 # J86624 (0) 1. Corporation Name TJRR PROPERTIES, INC.																																																																																																																											
Principal Place of Business CORNER US 19 ST. RD. 26 RT. 1, BOX 811 TRENTON FL 32693		Mailing Address CORNER US 19 ST. RD. 26 8751 NW 173RD STREET TRENTON FL 32693-9218 US																																																																																																																									
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28																																																																																																																									
3. Date Incorporated or Qualified 08/04/1987		3a. Date of Last Report 05/22/1996																																																																																																																									
4. FEI Number 59-2889480		Applied For Not Applicable																																																																																																																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																																									
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																											
9. Name and Address of Current Registered Agent CHASE, PHYLLIS ANN 8751 NW 173RD STREET TRENTON FL 32693		10. Name and Address of New Registered Agent 81 Name PHYLLIS ANN CHASE 82 Street Address (P.O. Box Number is Not Acceptable) 8751 NW 173RD ST 83 84 City TRENTON FL 85 Zip Code 32693																																																																																																																									
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 607.0605, Florida Statutes. SIGNATURE: <i>Phyllis A. Chase</i> 3-18-97 (NOTE: Registered Agent's signature required when reinstating)																																																																																																																											
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>DPC</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>CHASE, RICHARD DEAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8751 NW 173RD ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TRENTON FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DV</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>SULLIVAN, THOMAS JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1201 NE 180TH ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NORTH MIAMI BEACH FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>STD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>CHASE, PHYLLIS ANN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8751 NW 173RD ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TRENTON FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>KELLEY, ARTHUR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3512 W SHELL POINT RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>RUSKIN FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	DPC	<input type="checkbox"/> DELETE	NAME	CHASE, RICHARD DEAN		STREET ADDRESS	8751 NW 173RD ST		CITY-ST-ZIP	TRENTON FL		TITLE	DV	<input type="checkbox"/> DELETE	NAME	SULLIVAN, THOMAS JOHN		STREET ADDRESS	1201 NE 180TH ST.		CITY-ST-ZIP	NORTH MIAMI BEACH FL		TITLE	STD	<input type="checkbox"/> DELETE	NAME	CHASE, PHYLLIS ANN		STREET ADDRESS	8751 NW 173RD ST		CITY-ST-ZIP	TRENTON FL		TITLE	VP	<input checked="" type="checkbox"/> DELETE	NAME	KELLEY, ARTHUR		STREET ADDRESS	3512 W SHELL POINT RD		CITY-ST-ZIP	RUSKIN FL		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table>		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
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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: <i>Phyllis A. Chase</i> PHYLLIS A. CHASE 3-18-97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																											



CR2E034 (9/96)