

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J86624

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

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**CHASE, PHYLLIS ANN
8751 NW 173RD ST
TRENTON FL 32693**

3. Date Incorporated or Qualified

08/04/1987

4. FEI Number

59-2889480

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

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

PHYLLIS ANN CHASE *Phyllis Ann Chase* **1-18-99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DPC**
STREET ADDRESS **CHASE, RICHARD DEAN**
CITY-ST-ZIP **8751 NW 173RD ST
TRENTON FL**

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **SULLIVAN, THOMAS JOHN**
CITY-ST-ZIP **1201 NE 180TH ST.
NORTH MIAMI BEACH FL**

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **CHASE, PHYLLIS ANN**
CITY-ST-ZIP **8751 NW 173RD ST
TRENTON FL**

TITLE ☐ DELETE
NAME **DVP**
STREET ADDRESS **PAUL EARL CHASE**
CITY-ST-ZIP **8751 NW 173RD ST
TRENTON FL 32693**

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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 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, with all other like empowered.

SIGNATURE:

Phyllis Ann Chase

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

354-463-2846

CR2E034 (1/98)

0520734

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90108 034 ***158.75



DO NOT WRITE IN THIS SPACE