FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K78597** **(7)**

1. Corporation Name
HCJ-2 ENTERPRISES, INC.

Principal Place of Business
2317 E. FLETCHER AVE.
P.O. BOX 16279
TAMPA FL 33687

Mailing Address
2317 E. FLETCHER AVE.
P.O. BOX 16279
TAMPA FL 33687

3. Date Incorporated or Qualified: **04/07/1989**
3a. Date of Last Report: **04/27/1995**

4. FEI Number: **59-3011395** 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
21 2317 E. FLETCHER
Suite, Apt. #, etc
22
City & State
23 TAMPA FL.
Zip 24 33612 Country 25 USA

2a. Mailing Address
26 P.O. BOX 16279
Suite, Apt. #, etc
27
City & State
28 TAMPA FL.
Zip 29 33687 Country 30 USA

9. Name and Address of Current Registered Agent
SALVATORE, A. CARPINO
8001 N. DALE MABRY STE 301-A
SUITE 100
TAMPA FL 33614

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 (typed or printed name of person signing and title if applicable) — Middle Registered Agent Signature required for filing — DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST	☐ DELETE
NAME	JASPERSON, HAROLD C. JR.	
STREET ADDRESS	2606 S. LOBLOLLY LN	
CITY-ST-ZIP	LAND O' LAKES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	26065 LOBLOLLY LN.	
1.4 CITY-ST-ZIP	LAND O' LAKES FL. 34639	
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	600001779546	
5.3 STREET ADDRESS	-04/15/96--01026--005	
5.4 CITY-ST-ZIP	***208.75	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

4.12

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)(k), 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: (PRES) 4/9/96 813-973-3538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)