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

CORPORATION ANNUAL REPORT

1997

F.J.B., INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L37642

(0)

FILED Apr 30 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address			T CONTINUES AND TILES EMBLO BATH NICHOLOGINAL REPRESENTATION OF DESCRIPTION OF DE	
387 SE 90TH ST.		387 SE 90TH ST.				
OCALA FL 344		OCALA FL 34480-5770				
ŲS		US			3. Date Incorporated or Qualified 12/18/1989	3a. Date of Last Report 05/01/1996
2. Principal Place of Business 21		2a, Mailing Address 26		4, FEI Number 59-2989643	Applied For Not Applicable	
Sulte, Apt.	. #, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			6. Certificate of Status Desired	Feo Hequired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Zip		untry	Trust Fund Contribution	Added to Fees
24	25	29	30	onay	This corporation has liability for it Florida Statutes	ntangible tax under s. 199,032,
[= N]	g. Name and Address of Co	urrent Registered Agent			10. Name and Address of New Re	
BRI	CKEY, FRANK J.			81 Name		
387	SE OOTH ST.			82 Street Addr	ress (P.O. Box Number is Not Acceptab	le)
OC/	ALA FL 34480					
,				83		
				84 City		85 Zip Code
				<u> </u>		FL 3 Zip Code
	registered agent, or both, in the sam familiar with, and accept the c	State of Florida. Such chang obligations of, Section 607.0	je was authorizi 5505, Florida Sta	ed by the corporal alutes.	oration submits this statement for the p lion's board of directors. I hereby accep	I the appointment as registered
SIGNATURE	Signature, typed or printed hance of register	ed agent and title if applicable	(NOTE: Register	ed Agent signature requir	red when reinstating)	DAIF
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	D DIONER EDANIC	LJ DEI		IITLE		Change Addition
NAME	BRICKEY, FRANK J. 387 SE 90TH ST.			NAME		
STREET ADDRESS	OCALA FL			STHEET ADDRESS		
CITY-ST-ZIP TITLE	OUNDS TE	DEI		CITY - ST - ZIP		Change Addition
NAME				NAME		E change E Manifoli
STREET ADDRESS	†			STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		D£I		IIILE		☐ Change ☐ Addition
NAME			321	NAME		
STREET ADDRESS			333	STREET ADDRESS		
CITY-ST-ZIP				C/TY - ST - Z/P		
TITLE		€ DEI	E1E 411	TITLE		☐ Change ☐ Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP		- Inci		CITY - \$1 - ZIP		Change Addition
TITLE		D€1		HTLE		Change Addition
NAME PERCET ADDRESS				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP TITLÉ		DEI		DITY-ST-ZIP UTLE		Change Addition
NAME			•			C change C Moditori
STREET ADDRESS				NAME STREET ADARESS		
CITY-ST-ZIP				STREET ADDRESS City-St-7/P		
. uii1-31-2#	i .		■ 640	JULENIE DE L		

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 supplicmental 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.