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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **L97246** **(7)**

1. Corporation Name
S.J.A. ENTERPRISES, INC.

Principal Place of Business	Mailing Address
C/O 12721 LACEY DRIVE NEW PORT RICHEY FL 34654	C/O 12721 LACEY DRIVE NEW PORT RICHEY FL 34654

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/31/1990
3a. Date of Last Report: 06/23/1994

2. Principal Place of Business
21: 9345 Sunshine Blvd
22: Suite, Apt. #, etc
23: City & State: New Port Richey, FL
24: Zip: 34654
25: County

2a. Mailing Address
26: 9345 Sunshine Blvd.
27: Suite, Apt. #, etc
28: City & State: New Port Richey, FL
29: Zip: 34654
30: County

4. FEI Number: 59-3024719 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ANDERSON, SUZANNE J.
12721 LACEY DRIVE
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 9345 Sunshine Blvd.
83
84 City: New Port Richey **FL** 85 Zip Code: 34654

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 _____ DATE
(Signature required for printed name of registered agent and the President) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, SUZANNE J.	12 NAME	
STREET ADDRESS	12721 LACEY DRIVE	13 STREET ADDRESS	9345 Sunshine Blvd.
CITY ST ZIP	NEW PORT RICHEY FL	14 CITY ST ZIP	New Port Richey, FL 34654
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: Suzanne J. Anderson 4/28/95 (813) 869-3149
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SUZANNE J. ANDERSON Date Daytime Phone Number

0480073 FP