

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M96450

(5)

1. Corporation Name

J & I FAMILY ENTERPRISES, INC.

Principal Place of Business

% JAMES ORLA LAWHUN, SR.
699901 MERRILL RD.
JACKSONVILLE FL 32211
US

Mailing Address

% JAMES ORLA LAWHUN, SR.
4433 COQUINA DRIVE
JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/30/1988

3a. Date of Last Report

04/29/1994

4. FBI Number

59-2904880

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 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAWHUN, JAMES ORLA, SR.
4433 COQUINA DRIVE
JACKSONVILLE BEACH FL 32250

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME LAWHUN, JAMES ORLA, SR.
STREET ADDRESS 4433 COQUINA DRIVE
CITY - ST - ZIP JACKSONVILLE BCH. FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE DVS
NAME LAWHUN, IVA DARLENE
STREET ADDRESS 4433 COQUINA DRIVE
CITY - ST - ZIP JACKSONVILLE BCH. FL

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

☐ Change ☐ Addition

TITLE D
NAME LAWHUN, LISA MARIE
STREET ADDRESS 4433 COQUINA DRIVE
CITY - ST - ZIP JACKSONVILLE BCH. FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME LAWHUN-WOOD, SHERI LYNN
STREET ADDRESS 4433 COQUINA DRIVE
CITY - ST - ZIP JACKSONVILLE BCH. FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME LAWHUN, JAMES ORLA, JR.
STREET ADDRESS 4433 COQUINA DRIVE
CITY - ST - ZIP JACKSONVILLE BCH. FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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, on an amendment with an address.

SIGNATURE:

JAMES O LAWHUN SR

4/28/95 90K-2230824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #