

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90125 031 ****61.25

DOCUMENT # N95000000276

1. Corporation Name

CJC SERVICES CORPORATION

Principal Place of Business

3927 CRAWFORDVILLE HWY., #200/7
TALLAHASSEE FL 32310

Mailing Address

3927 CRAWFORDVILLE HWY., #200/7
TALLAHASSEE FL 32310



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
01/20/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3291517

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THOMAS, SEMMEAL
580 N MAGNOLIA ST.
MONTICELLO FL 32344**

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 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE
NAME **D**
STREET ADDRESS **FERGUSON, GARY**
CITY-ST-ZIP **2900 APALACHEE PKWY. A102
TALLAHASSEE FL 32399-0535**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **WHITESIDE, CHARLES**
1.4 CITY-ST-ZIP **7540 N WOLCOTT AVENUE
CHICAGO, IL 60626**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **JACOBS, JOHN W**
CITY-ST-ZIP **3695 CRUMP RD.
TALLAHASSEE FL 32308**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **BATTLE, TULA**
2.4 CITY-ST-ZIP **2412 MEDARIS ROAD
HUNTSVILLE, AL 35810**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PAYNE, LISA L**
CITY-ST-ZIP **16121 CARDEN DR.
ODESSA FL 33556**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **BRICE, DAVID L.**
3.4 CITY-ST-ZIP **5180 FIELDGREEN CROSSING
STONE MOUNTAIN, GA 30088**

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **CURRY, C. WHITESIDE**
CITY-ST-ZIP **1000 SEMINOLE DR
TALLAHASSEE FL 32301**

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

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **CURRY, JOSEPH**
CITY-ST-ZIP **1000 SEMINOLE DR
TALLAHASSEE FL 32301**

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

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **CURRY, C JOI**
CITY-ST-ZIP **1000 SEMINOLE DR
TALLAHASSEE FL 32301**

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 617, 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:

C Whiteside Curry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

Date

(850) 942-6188

Daytime Phone #

CR2E037 (11/98)