


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED  
AND  
FILED

1997 OCT -9 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |  |
|---|---|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N96000001165 (7)

1. Corporation Name

J & J SPORTS AND RECREATIONAL ENRICHMENT SERVICE  
S INC.

Principal Place of Business

Mailing Address

2531 S.W. 14TH TERRACE  
PAHOKEE FL 33476

2531 S.W. 14TH TERRACE  
PAHOKEE FL 33476

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/29/1996  
3a. Date of Last Report

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

4. FEI Number 65-0768674  
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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MULLINS, JOHNNY  
2551 S.W. 14TH TERRACE  
PAHOKEE FL 33476

10. Name and Address of New Registered Agent

|   |                     |
|---|---------------------|
| 81 Name   | MULLINS, JOHNNIE    |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 2531 S.W. 14TH TERR |
| 83  |                     |
| 84 City   | PAHOKEE             |
| 85 Zip Code   | FL 33476            |

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 17.0503, Florida Statutes.

SIGNATURE

Johnny L. Mullins

July 24, 1997

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                  |
|----------------------------|----------------------------------|
| TITLE                      | VICE - PRES DIR                  |
| NAME                       | JAMES S HARRINGTON               |
| STREET ADDRESS             | PO BOX 154 Belle Glade, FL 33430 |
| CITY-ST-ZIP                |                                  |
| TITLE                      | SECRETARY - TREASURER            |
| NAME                       | VIOLAN L. MULLINS DIR            |
| STREET ADDRESS             | 2531 S.W. 14TH TERR              |
| CITY-ST-ZIP                | PAHOKEE FL 33476                 |
| TITLE                      | ASST. SECRETARY - TREASURER      |
| NAME                       | GWYNETH L. JOSEPH                |
| STREET ADDRESS             | 324 E. CANAL ST. SOUTH #6        |
| CITY-ST-ZIP                | BELLE GLADE FL 33430             |
| TITLE                      | JOHNNIE L. MULLINS               |
| NAME                       |                                  |
| STREET ADDRESS             | 2531 S.W. 14TH TERR              |
| CITY-ST-ZIP                | PAHOKEE FL 33476                 |
| TITLE                      |                                  |
| NAME                       |                                  |
| STREET ADDRESS             |                                  |
| CITY-ST-ZIP                |                                  |
| TITLE                      |                                  |
| NAME                       |                                  |
| STREET ADDRESS             |                                  |
| CITY-ST-ZIP                |                                  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  | JAMES HARRINGTON   |
| 1.3 STREET ADDRESS                                    | 324 EAST CANAL ST. SOUTH #6  |
| 1.4 CITY-ST-ZIP                                       | BELLE GLADE, FL 33430  |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME  |  |
| 2.3 STREET ADDRESS                                    | 400002319664--1  |
| 2.4 CITY-ST-ZIP                                       | -10/14/97--01021--001  |
| 3.1 TITLE   | *****75.00 *****75.00  |
| 3.2 NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.3 STREET ADDRESS                                    |  |
| 3.4 CITY-ST-ZIP                                       |  |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME  |  |
| 4.3 STREET ADDRESS                                    |  |
| 4.4 CITY-ST-ZIP                                       |  |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME  |  |
| 5.3 STREET ADDRESS                                    |  |
| 5.4 CITY-ST-ZIP                                       |  |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME  |  |
| 6.3 STREET ADDRESS                                    |  |
| 6.4 CITY-ST-ZIP                                       |  |

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 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.

CR2E037 (4/97)