

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

FILED

04 JUN 24 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06222004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3706947

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENKINS, THOMAS C PRES.
111 W. DR. M. L. KING BLVD
PLANT CITY, FL 33563

Name
Street Address (P.O. Box Number is Not Acceptable)
300038291053
06/28/04-01004-010 ***70.00
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE	VD PRESIDENT	<input type="checkbox"/> Delete
NAME	JENKINS, T. CLAYTON	
STREET ADDRESS	4009 MIDWAY ROAD EAST	
CITY-ST-ZIP	PLANT CITY, FL 33563	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	HICKS, E. PHIL	
STREET ADDRESS	1901 SAM ALLEN RD.	
CITY-ST-ZIP	PLANT CITY, FL 33565	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	JENKINS, T. Clayton	
STREET ADDRESS	4009 MIDWAY RD. EAST	
CITY-ST-ZIP	PLANT CITY, FL 33563	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	JENKINS, T. CLAYTON	
STREET ADDRESS	4009 MIDWAY RD. EAST	
CITY-ST-ZIP	PLANT CITY, FL 33563	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address which is not empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. CLAYTON JENKINS

Date 6/22/04 813-792-4449

Daytime Phone #