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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOC	JME	NT #	P41	026

(6)1. Corporation Name G.J.O. INC. Principal Place of Business Mailing Address 337 12TH AVE. 337 12TH AVE. INDIAN ROCKS BEACH FL 33785-2854 INDIAN ROCKS BEACH FL 34635 3. Date Incorporated or Qualified 3a. Date of Last Report 10/20/1992 04/15/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 37-1175438 26 Not Applicable Suite, Apt #, ctc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 ZID Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name OPIELA, GERALD J. 337 12TH AVE. Street Address (P.O. Box Number is Not Acceptable) INDIAN ROCKS BEACH FL 34835 83 84 Zip Code 11. Pursuant to the provisions of office or registered agent 2 agent. I am familiar with a fire a tions 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered cept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE stered agent and title it applicable (NOTE Registered Agent signature required when reinstating) 12. FFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. CP DELETE Change Addition TITLE 11 TOTAL F OPIELA, GERALD J. 1.2 NAME CR2E034 NAME 337 12TH AVE. 1.3 STREET ADDRESS STREET ADDRESS INDIAN ROCKS BCH FL 1.4 CITY - ST - ZIP CITY-ST-ZIF DELETE Addition 2.1 10116 Change TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELEYE 3.1 TITLE Change ☐ Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS City-St-ZIP 3.4. CITY - ST - 7(P DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 62 NAME NAME STREET ADDRESS **63 STREET ADDRESS** 64 CITY-ST-ZIP DITY-ST-7/P 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 eath; that I am an officer or director of the corporation of 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 changes for an attachment with an address.