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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1	9	9	6
	v	v	v

TJR, INC.

DOCUMENT # P9200000656 (8)
1. Corporation Name

Principal Place of Business Mailing Address																		
822 MCKAY ST CLOUD						22 MCKAY ST ST CLOUD FL 34769												
2. Principal P	llace of Busin	200	**************************************	·								te Incorporated 10/26/1992	d or Qualifie	3a.	Date of L. 04/28			
21	ace or busini	ess		-	2a. 26	Mailing Address					4. FE	Number 59-314592				1	Applied F	
Suite, Apt.	#, etc.			<u>-</u>		Suite, Apt. #, etc.					+				6(Not Appli	
City & Stat				2	27						5. Ce	ertificate of State	us Desired				Addition Required	
23	City & State				City & State						ction Campaig			\$	5.0	May B	le	
Zıp	Country Zip			Zip	Country					est Fund Contril				lddec	to Fees	3		
24	[0.5]				30		•		This corporation has liability for intangible tax un Florida Statutes						199.032	,		
	9. Name	and Ad	dress of Cur	rent Re	giste	ered Agent			_		10. Na	me and Addre				t		
DANI EV	/ DICHADN	. D						81		Name								
DANLEY, RICHARD D 3501 13TH ST					82	1	Street Addres	ess (P.O. I	ss (P.O. Box Number is Not Acceptable)									
	UD FL 3476	69						83	-									
								-	ļ.,									
44 0			********					84	1	City				F	FL 85	Zip	Code	
or register familiar wi	to the provision led agent, or t th, and accep	ons of Se both, in to of the ob	ections 607.05 the State of Fi ligations of, Se	502 and orida. Su ection 60	607. Joh c 07.05	1508, Florida Statute change was authoriza 505, Florida Statutes	es, the a ed by th	e corp	nar	ned corporat ation's board	ition subm d of direct	nits this stateme ors. I hereby ac	ent for the p cept the ap			its re ered	gistered agent. La	office
SIGNATURE.																		
12,	Signature, typied o	or printed na	OFFICERS A						t siç	gnature required w				DAT				
TITLE	D		OFFICERS	MAIN CHE	ECI	DELETE	13			<u>-</u>	ADI	DITIONS/CHAN	GES TO OF	FICERS /			3S IN 12	
NAME	RADCLIP	F, ERN	MAJEAN			C) biccir		NAME							Char	ige	Addit	tion
STREET ADDRESS	822 MC+	KAY ST						STREET	A Dr	npree								ļ
CITY-ST-ZIP	ST CLOU	UD FL :	34769					CITY-S										
TITLE						DELETE		TITLE		"					☐ Char		I'I Addi	Hoo
NAME							2.2	NAME							LI ona	ge	Addit	liĢ1
STREET ADDRESS							2.3	STREET.	ADE	DRESS								ł
C(TY - ST - Z)P						~ <u></u>	24	CITY-SI	- 71	lb.								ľ
TITLE NAME						DELETE	3. 1	TITLE							Chan	ge	Addit	ion
STREET ADDRESS							3.2	NAME										
CITY-ST-2IP								STREET		·								
TITLE						DELETE		CITY-ST	· ZI	P								- 1
NAME						Dotter	1	TITLE							☐ Chan	ge	Additi	ion
STREET ADDRESS							•	NAME										1
CITY - ST - ZIP							- 1	STREET A										
TITLE				******		DELETE		DITY-ST Title	- 21						F) 05			
NAME							1	NAME							Chang	je	Addition	on
STREET ADDRESS								STREET A	IDDI	RESS								ĺ
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	·.						OIY-ST										}
TITLE						DELETE		TiTLE							☐ Chang		Additio	
NAME							6.21	IAME		}						- 1		~''
STREET ADDRESS							635	TREET A	ODF	RESS								
CITY-ST-ZIP 14. I do hereby	certify that the	e inform	ation sumulical	Maille this	6.66-	g is voluntarily furnish	5.40	ITY-SI-	ZiΡ			• • • • • • • • • • • • • • • • • • • •						

certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: T.J.R. INCERMATERS RADCLIPLES 4/28/9: 407-899-4063