

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000018581 (7)

1. Corporation Name

L & R ENTERPRISES OF JACKSONVILLE, INC.

Principal Place of Business

RT 24 BOX 648
JACKSONVILLE FL 32234

Mailing Address

RT 24 BOX 648
JACKSONVILLE FL 32234-9802

3. Date Incorporated or Qualified

03/09/1993

3a. Date of Last Report

04/10/1996

4. FEI Number

59-3256258

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes ☐ No

2. Principal Place of Business

21 4300 YELLOW WATER RD

Suite, Apt. #, etc.

22

City & State

23 JACKSONVILLE

Zip

24 32234

Country

25

2a. Mailing Address

26 4300 YELLOW WATER RD

Suite, Apt. #, etc.

27

City & State

28 JACKSONVILLE

Zip

29 32234

30

Country

9. Name and Address of Current Registered Agent

ROCKECHARLIE, SANFORD L
RT-24 BOX 648
4300 YELLOW WATER ROAD
JACKSONVILLE FL 32234

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Sanford L. Rockecharlie SANFORD L. ROCKECHARLIE

3-12-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD
NAME ROCKECHARLIE, SANFORD L
STREET ADDRESS RT 24 BOX 648
CITY-ST-ZIP JACKSONVILLE FL☐ DELETETITLE VSD
NAME MUSIC, JAMES W
STREET ADDRESS RT 24 BOX 648
CITY-ST-ZIP JACKSONVILLE FL☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PCD
1.2 NAME ROCKECHARLIE, SANFORD L. ☒ Change ☐ Addition
1.3 STREET ADDRESS 4300 YELLOW WATER RD
1.4 CITY-ST-ZIP JACKSONVILLE FL 322342.1 TITLE VSD
2.2 NAME MUSIC, JAMES W. ☒ Change ☐ Addition
2.3 STREET ADDRESS 4300 YELLOW WATER RD
2.4 CITY-ST-ZIP JACKSONVILLE FL 322343.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sanford L. Rockecharlie

3-12-97

Date

777-8888

Daytime Phone #

CR2E034 (9/96)