FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 9:59

DOCUMENT # P93000029006 (2)

1. Corporation Name
L & J BUSINESS SERVICES, INC.

Principal Place of Business	Mailing Address
333 FALKEN BURG RD STE E-502 TAMPA FL 33619 US	333 FLAKENBERG RD STE E-502 TAMPA FL 33619 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/19/1993
3a. Date of Last Report: 03/14/1994

2. Principal Place of Business
21: 105 S. Moon Ave
22: Suite, Apt. #, etc.
23: City & State: Brandon FL
24: Zip: 33511
25: Country: Hillsbor.

2a. Mailing Address
26: 3 Ame
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-3173030 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCCLAIN, JOHNNIE E
1341 COOLMONT DRIVE
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name: Lois A. McClain
82 Street Address (P.O. Box Number is Not Acceptable): 1341 Coolmont Dr
83:
84 City: Brandon FL 85 Zip Code: 33511

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: Lois McClain, 3/9/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	MCCLAIN, LOIS A	1.2 NAME		
STREET ADDRESS	1341 COOLMONT DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL 33511	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	MCCLAIN, JOHNNIE E	2.2 NAME	Delete Johnnie E McClain	
STREET ADDRESS	1341 COOLMONT DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL 33511	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Lois McClain, Pres. Lois McClain 3/9/95 (813)654-7463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0209788 CP