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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

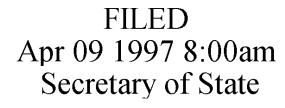
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000029006 (2)

L & J BUSINESS SERVICES, INC.





Principal Piace of Business Mailing Address						1895/1085 119 18180 51111 88111 88111 88111 88111 88114 88114 88114 88114 88114 88114 88114 88114 88114 8811		
1755 W BRAN BRANDON FL US	1755 W BRANDON BLVD BRANDON FL 33511-486 US							
						3. Date Incorporated or Qualified 04/19/1993	3n. Date of Last F 04/18/1996	Report
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For 59-3173030 Not Applicable		
Surte, Apt.	#, etc.	Suite, Apt. #, etc.			•••	5. Certificate of Status Desired Served Fee Required		
City & Stat	е	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zφ	Country Zip			Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29 30 9. Name and Address of Current Registered Agent			Florida Statutes No 10. Name and Address of New Registered Agent				
110		v volustorom whorst		81	Name	IV. Italiio allu Audiess Di New Ne	heratan wilaus	
	Clain, Johnnie '12 East Bay Road							
GIBSONTON FL 33534				82	Street Add	ddress (P.O. Box Number is Not Acceptable)		
				83				
				84	City		FL 85 Zip	Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 607.1508, Florida Statu of Florida Such change was ations of, Section 607.0505, F	tes, the a authorize lorida Stat	cove d by utes	named co the corpor	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing in the appointment as	ts registered registered
SIGNATURE	Signature, Typed or printed can e of registered age	ent and title if appricable. (NO	TE Registere	1 Ane	or autenois to	uired when reinstating)	DATE	
12,	OFFICERS AND DIRECTORS			13,		ADDITIONS/CHANGES TO OFFIC		RS IN 12
TOLE	P DELETE MCCLAIN, LOIS A			1.1 TITLE			Change	Addition
NAME			1.2 N	ME				
STREET ADDRESS	11712 EAST BAY RD		1.3 STREET ADDRES		ADDRESS			
CITY-ST-ZIP	GIBSONTON FL 33534		1.4 0		T-ZIP			ŀ
TITLE	VP	DELETE	DELETE 2.1 TI				Change	Addition
NAME	MCCLAIN, JOHNNIE E		22 N	2 2 NAME 2.3 STREET ADDRESS				
STREET ADDRESS	11712 EAST BAY RD		2.3 ST					
CITY - S1 - 7IP	GIBSONTON FL 33534		2.4 CITY - ST - ZIP		ST - ZIP		•	
TOLF		☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME			3.2 NAME					<u>;</u>
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS			
City+S1+ZiP			3.4. C	3.4. CITY - ST - ZIP				
THE	DELETE 4.		4.1 1)	4.1 TITLE			Change	Addition
NAME			4. 2 NAME					
STHEET ADDRESS			4.3 STREET		ADDRESS			
CITY-ST-7:P			4.4 CI	4.4 CITY - ST				
TITLE		☐ DELETE	5.1 T(5.1 TITLE			[] Change	Addition
NAME			5.2 N	ME				
STREET ADDRESS			5.3 \$1	REET	ADDRESS			
CITY-ST-ZiF			5.4 CI		T - ZIP			
™E	DELETE			6.1 TITLE			L Change	Addition
NAME			6.2 N/	ME				1
STREET ADORESS			6.3 \$1	REET	ADDRESS			
CITY - ST - ZIF			6.4 CI			and in Section 119 07/3Vi). Florida Statute		

I do refetly 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.

GNATURE:

When 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 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 supplied with this 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. I further certify that the information informat

813-654-7463