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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000029006 (2)

L & J BUSINESS SERVICES, INC.

FILED Apr 28 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address		E 18 TINGO 1 IN 18	
•					
1755 W BRANDON BLVD STE 1 BRANDON FL 33511-4860		1755 W BRANDON BLVD STE 1 BRANDON FL 33511-4860			
U8		US		DO NOT WRITE IN THIS	SPACE
		6.0	-1/6x	3. Date Incorporated or Qualified	
			35/1/98	04/19/1993	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		126 110 S. LAKEWOOD Dr		59-3173030	Not Applicable
Sulte, Apt. #, etc. Ame 13.		Suite, Apt. #, etc. 27 Unit 5 Ste 2		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
22	- maritures	27 Unit 5 S	J 40 0-		
	o pharm		1-7	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Country	28 NA PINGON	Country		
Zip	— ·		50 USA	 This corporation owes or has paid the cu Personal Property Tax due June 30. 	Yes No
24	25 9. Name and Address of Curren		30; 0 0 7 1	10. Name and Address of New Registered	
		g.o.o.o.o.o.o.o.o.o.o.o.o.o.o.o.o.o	81 Name		_ <u>-</u>
MCCLAIN, JUHNNIE					
11712 EAST BAY ROAD			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
GIE	ISONTON FL 33534		83		
			84 City	FL	85 Zip Code
	607.0/0	20 and COZ 1500. Florida Statuto	the above period on	progration submits this statement for the purpose of	
office or r	egistered agent, or both, in the State	⊹of Florida. Such change was au	ithorized by the corpor	ration's board of directors. I hereby accept the app	pointment as registered
agent. I a	m familiar with, and accept the oblig-	ations of, Section 607,0505, Flori	ida Statutes.		
SIGNATURE			Registered Agent signature req	puired when reinstating) DATE	·
40	Signature typed or printed hank of registered agr	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
12. TITLE	P	DELETE	1.1 TITLE	TREETHOUGHT INTEGER TO STATE CHEET	☐ Change ☐ Addition
NAME	MCCLAIN, LOIS A		1.2 NAME		
	11712 EAST BAY RD		1.3 STREET ADDRESS		
STREET ADDRESS	GIBSONTON FL 33534				
CITY-ST-ZIP TITLE	VP	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
	**	Lad Wetters	2 2 NAME		
NAME	MCCLAIN, JOHNNIE E				·
STREET ADDRESS	11712 EAST BAY RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	GIBSONTON FL 33534	□ DELETE	2 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE			31 TITLE		change reduced
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ VELETE	4.1 TITLE		C change L_I Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T seite	4.4 CITY-ST-ZIP		Change Badist
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
	certify that the information supplied w	with this tiling does not qualify for		in Section 119.07(3)(i). Florida Statutes, I further c	ertify that the information

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida statutes. Floridal certify that mile information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legat effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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.

4/20/9X (8/3/154.74)