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CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
95 MAR 23 PM 2:32

DOCUMENT # **P93000063085 (3)**

1. Corporation Name

JOJAM, INC.

Principal Place of Business	Mailing Address
%LAWRENCE KEEFE 714 B BOB SIKES BLVD FT. WALTON BEACH FL 32547 US	%LAWRENCE KEEFE 714 B BOB SIKES BLVD FT. WALTON BEACH FL 32547 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/02/1993
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business	2a. Mailing Address
21 Jimmy Henderson II	26 Jimmy Henderson II
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ft. Walton Beach, FL	City & State 28 Ft. Walton Beach, FL
Zip / Country 24 32547 / 25 US	Zip / Country 29 32547 / 30 US

4. FEI Number: 59-3215672 ☐ 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

KEEFE, LAWRENCE
909 MAR WALT DR.
SUITE 1014
FT. WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

81 Name: Jimmy Henderson II
82 Street Address (P.O. Box Number is Not Acceptable): 714 B Bob Sikes Blvd.
83
84 City: Ft. Walton Beach **FL** 85 Zip Code: 32547

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: _____ Jimmy H. Henderson II 03/22/95
(Signature, title or authority of officer or agent and title if applicable) (NOTE: Registered Agent signature required when designating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	HENDERSON, JAMES H II	12 NAME	
STREET ADDRESS	714-B BOB SIKES BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	NACCHIA, JOSEPH JR.	22 NAME	
STREET ADDRESS	714-B BOB SIKES BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: _____ Jimmy H. Henderson II 03/22/95 904-864-5426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

0388200 CP