

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

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Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000064641 (2)			
1. Corporation Name J & J INVESTMENT GROUP OF NORTH FLORIDA, INC.			
Principal Place of Business 2690 CIMARRONE BLVD. JACKSONVILLE FL 32259		Mailing Address 2690 CIMARRONE BLVD. JACKSONVILLE FL 32259-2183	
2. Principal Place of Business		2a. Mailing Address	
21. State, Apt. #, etc.		26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		29. Country	
25. Country		30. Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SIMON, BERT C 10151 DEERWOOD PARK BLDG 100 STE 250 JACKSONVILLE FL 32256		81. Name MURPHY, PATRICK T.	
		82. Street Address (P.O. Box Number is Not Acceptable) 2690 Cimarrone Blvd.	
		83. City	
		84. City Jacksonville	
		85. Zip Code FL 32259	
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, 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: <i>[Signature]</i> DATE: 3/5/97			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D		1.1 TITLE D	
NAME LABAR, JAMES C		1.2 NAME LABAR, JAMES C	
STREET ADDRESS 2690 CIMARRONE BLVD.		1.3 STREET ADDRESS 2690 CIMARRONE BLVD.	
CITY-STATE-ZIP JACKSONVILLE FL 32259		1.4 CITY-STATE-ZIP JACKSONVILLE FL 32259	
TITLE D		2.1 TITLE D	
NAME JEFFERS, RICHARD E		2.2 NAME JEFFERS, RICHARD E	
STREET ADDRESS % S. 8TH AND O ST.		2.3 STREET ADDRESS % S. 8TH AND O ST.	
CITY-STATE-ZIP RICHMOND IN 47375-0129		2.4 CITY-STATE-ZIP RICHMOND IN 47375-0129	
TITLE D		3.1 TITLE D	
NAME JEFFERS, RICHARD E		3.2 NAME JEFFERS, RICHARD E	
STREET ADDRESS % S. 8TH AND O ST.		3.3 STREET ADDRESS % S. 8TH AND O ST.	
CITY-STATE-ZIP RICHMOND IN 47375-0129		3.4 CITY-STATE-ZIP RICHMOND IN 47375-0129	
TITLE D		4.1 TITLE D	
NAME JEFFERS, RICHARD E		4.2 NAME JEFFERS, RICHARD E	
STREET ADDRESS % S. 8TH AND O ST.		4.3 STREET ADDRESS % S. 8TH AND O ST.	
CITY-STATE-ZIP RICHMOND IN 47375-0129		4.4 CITY-STATE-ZIP RICHMOND IN 47375-0129	
TITLE D		5.1 TITLE D	
NAME JEFFERS, RICHARD E		5.2 NAME JEFFERS, RICHARD E	
STREET ADDRESS % S. 8TH AND O ST.		5.3 STREET ADDRESS % S. 8TH AND O ST.	
CITY-STATE-ZIP RICHMOND IN 47375-0129		5.4 CITY-STATE-ZIP RICHMOND IN 47375-0129	
TITLE D		6.1 TITLE D	
NAME JEFFERS, RICHARD E		6.2 NAME JEFFERS, RICHARD E	
STREET ADDRESS % S. 8TH AND O ST.		6.3 STREET ADDRESS % S. 8TH AND O ST.	
CITY-STATE-ZIP RICHMOND IN 47375-0129		6.4 CITY-STATE-ZIP RICHMOND IN 47375-0129	
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: <i>[Signature]</i> DATE: 3/24/97 (904) 287-4000			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)