FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000071175 (2)**

1. Corporation Name

CLJ ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~106 FOX VALLEY COURT~~ ~~LONGWOOD FL 32779~~ 1441 S. DIXIE FREEWAY NEW SMYRNA BEACH FL., 32168	~~106 FOX VALLEY COURT~~ ~~LONGWOOD FL 32779~~ (FOR 1307H)

2. Principal Place of Business
21 1441 S. DIXIE FREEWAY
Suite, Apt. #, etc.
22
23 NEW SMYRNA BEACH FL
24 Zip 32168
25 Country VOLUSIA

2a. Mailing Address
26 1441 S. DIXIE FREEWAY
Suite, Apt. #, etc.
27
28 NEW SMYRNA BEACH
29 Zip 32168
30 Country VOLUSIA

3. Date Incorporated or Qualified: 10/07/1993
3a. Date of Last Report: 02/09/1995
4. FEI Number: 59-3207994 ☐ 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. Is this corporation subject to litigation for corporate tax under s. 196.032, Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THERRIEN, FRANCOIS X
106 FOX VALLEY COURT
LONGWOOD FL 32779

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1403, 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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	JACKSON, CLAYTON L	12 NAME	
STREET ADDRESS	~~106 FOX VALLEY CT~~ 1441 S. DIXIE FREEWAY	13 STREET ADDRESS	
CITY-ST-ZIP	~~LONGWOOD FL 32770~~ NEW SMYRNA BEACH FL 32168	14 CITY-ST-ZIP	
TITLE	ST ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	JACKSON, LON L JR	22 NAME	
STREET ADDRESS	~~106 FOX VALLEY CT~~ 1441 S. DIXIE FREEWAY	23 STREET ADDRESS	
CITY-ST-ZIP	~~LONGWOOD FL 32770~~ NEW SMYRNA BEACH, FL, 32168	24 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	JONATHAN JACKSON	32 NAME	
STREET ADDRESS	1441 S. DIXIE FREEWAY	33 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (12/95)

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 added by amendment with an address.

SIGNATURE: _____ 4/9/96 904 423 8001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JONATHAN JACKSON