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Secretary of State

04-07-1999 90002 040 ***150.00

**PROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000071175

1. Corporation Name

CLJ ENTERPRISES, INC.

Principal Place of Business

1441 S DIXIE FREEWAY
 NEW SMYRNA BEACH FL 32168
 US

Mailing Address

1441 S DIXIE FREEWAY
 NEW SMYRNA BEACH FL 32168
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1993

4. FEI Number

59-3207894

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

7. This corporation owes the current year intangible
 Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

8. Name and Address of Current Registered Agent

THERRIEN, FRANCOIS X
 1441 S DIXIE FREEWAY
 NEW SMYRNA BCH FL 32168

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

FL

85. Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when removing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

PD

NAME

JACKSON, CLAYTON L

STREET ADDRESS

1441 S DIXIE FREEWAY

CITY-ST-ZIP

NEW SMYRNA BCH FL

TITLE

VP

NAME

JACKSON, JON M

STREET ADDRESS

1441 S DIXIE FREEWAY

CITY-ST-ZIP

NEW SMYRNA BCH FL

TITLE

JACKSON, LON L.

NAME

1441 S DIXIE FREEWAY

STREET ADDRESS

NEW SMYRNA BCH FL

CITY-ST-ZIP

NEW SMYRNA BCH FL

TITLE

SEC. TREASURER

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

I 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, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

CLAYTON L. JACKSON Sec. Treas.

4/2/99 904423 8001
 Date Secretary of State

CR2034 (1/198)