

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Marman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000074587 (5)

1. Corporation Name:

T&J PARTNERS, INC.

Principal Place of Business:

148 CHARLES ST.
MT. DORA FL 32757

Mailing Address:

148 CHARLES ST.
MT. DORA FL 32757

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:

21

Suite, Apt. # or:

22

City & State:

23

Zip:

24

3. Name and Address of Current Registered Agent:

**LEWIS, JOSEPH T
5840 TRIMBLE PARK RD.
MT. DORA FL 32757**

2a. Mailing Address:

26

Suite, Apt. # or:

27

City & State:

28

Zip:

29

30

3. Date Incorporated or Qualified:

10/28/1993

3a. Date of Last Report:

04/25/1994

4. FEI Number:

59-3201387

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

7. This corporation can handle, for itself, all business under § 199.039, Florida Statutes Yes No

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 199.039 and 199.040, 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, from [Signature] and accept the obligations of Section 199.039, Florida Statutes.

SIGNATURE:

[Signature] Joseph T. Lewis, Secretary/Treasurer

12. Date of Incorporation or Qualification:

01/04/1993

13. ADDITIONS/CHANGES TO OFFICES/ADDITIONAL OFFICES

12. NAME	BURK, TERRY L	1. NAME
STREET ADDRESS	1472 OBERLIN TERR	2. NAME
CITY, ZIP	LAKE MARY FL 32746	3. NAME
NAME	LEWIS, JOSEPH T	4. NAME
STREET ADDRESS	148 CHARLES ST	5. NAME
CITY, ZIP	MT DORA FL 32757	6. NAME
NAME		7. NAME
STREET ADDRESS		8. NAME
CITY, ZIP		9. NAME
NAME		10. NAME
STREET ADDRESS		11. NAME
CITY, ZIP		12. NAME
NAME		13. NAME
STREET ADDRESS		14. NAME
CITY, ZIP		15. NAME
NAME		16. NAME
STREET ADDRESS		17. NAME
CITY, ZIP		18. NAME
NAME		19. NAME
STREET ADDRESS		20. NAME
CITY, ZIP		21. NAME
NAME		22. NAME
STREET ADDRESS		23. NAME
CITY, ZIP		24. NAME
NAME		25. NAME
STREET ADDRESS		26. NAME
CITY, ZIP		27. NAME
NAME		28. NAME
STREET ADDRESS		29. NAME
CITY, ZIP		30. NAME

14. I declare, under penalty of perjury, that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 199.040, Florida Statutes. Further, I declare, that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made on paper that I am an officer or director of this corporation or the person or trustee company to execute this report as required by chapter 199, Florida Statutes, and that my signature appears on the back of this document or on a separate document attached hereto or thereto.

SIGNATURE:

[Signature] Joseph T. Lewis, Sec/Treas.

15. SIGNATURE AND TYPE OR PRINTED NAME OF BIRTHING OFFICER OR DIRECTOR

16. DATE

0043100

CP