

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

FILED

Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000084498 (3)**

1. Corporation Name

J. CARRUTH ENTERPRISES, INC.

Principal Place of Business

**6960 WILLOW LANE
HIALEAH FL 33014**

Mailing Address

**6960 WILLOW LANE
HIALEAH FL 33014-2880**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/06/1993		3a. Date of Last Report 08/28/1996	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country
2. Principal Place of Business				4. FEI Number 65-0454969			
21. Suite, Apt. #, etc.				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
22. City & State				6. Election Campaign Financing* Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
23. Zip				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Country							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CARRUTH, JASON T 6960 WILLOW LANE HIALEAH FL 33014				81. Name	JOHN C. CARRUTH		
				82. Street Address (P.O. Box Number is Not Acceptable)	6960 WILLOW LANE		
				83. City			
				84. City	HIALEAH	85. Zip Code	FL 33014

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

John C. Carruth

3-28-97

(Signature of officer or registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input checked="" type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.1 TITLE PD				1.1 TITLE			
1.2 NAME CARRUTH, JASON T				1.2 NAME			
1.3 STREET ADDRESS 6960 WILLOW LANE				1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP HIALEAH FL 33014				1.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.1 TITLE PRESIDENT				2.1 TITLE			
2.2 NAME CARRUTH, JOHN C				2.2 NAME			
2.3 STREET ADDRESS 6960 WILLOW LANE				2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP HIALEAH, FL 33014				2.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.1 TITLE				3.1 TITLE			
3.2 NAME				3.2 NAME			
3.3 STREET ADDRESS				3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP				3.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.1 TITLE				4.1 TITLE			
4.2 NAME				4.2 NAME			
4.3 STREET ADDRESS				4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP				4.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.1 TITLE				5.1 TITLE			
5.2 NAME				5.2 NAME			
5.3 STREET ADDRESS				5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP				5.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE				6.1 TITLE			
6.2 NAME				6.2 NAME			
6.3 STREET ADDRESS				6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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:

JOHN C. CARRUTH, JR.

3-28-97

820-1646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, OR DIRECTOR

Date

Daytime Phone #

0120850

CR2E034 (9/96)