

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 APR 27 AM 7:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000003772 (8)

1. Corporation Name
CONJIM, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/01/1994
3a. Date of Last Report

4. FET Number 59-3222285
Applied For Not Applicable

5. Certificate of Status Drawn \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for responsibility for Section 8.100 (1979) Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
2a. Mailing Address
21 Suite, Apt. # etc.
22 City & State
23 No. 25 Quantity 28 Zip 30 Country

9. Name and Address of Current Registered Agent
WALTER, ROBERT A
4320 W. KENNEDY BLVD.
TAMPA FL 33609

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 607.0912 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	☐ Change ☐ Addition
NAME	WALTER, JAMES W	1. NAME	
STREET ADDRESS	4320 W. KENNEDY BLVD.	1. STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL 33609	1. CITY, ST, ZIP	
TITLE	D	2. TITLE	☐ Change ☐ Addition
NAME	WALTER, CONSTANCE F	2. NAME	
STREET ADDRESS	4320 W. KENNEDY BLVD.	2. STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL 33609	2. CITY, ST, ZIP	
TITLE		3. TITLE	☐ Change ☐ Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
TITLE		4. TITLE	☐ Change ☐ Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), Florida Statutes. I further certify that the information included 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. 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 1, 2 or Block 11 of this report, or on an attachment with an address.

SIGNATURE:

W. K. Baker
W. K. Baker

4/21/95

813 287-1152