SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

APPROVED AND FILED

95 JUN 14 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P94000023881 (3)

1. Corporation Name
CCJ, INC.

200001515772
-06/16/95--01086--006
****233.75 ****233.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
931 W. OAK STREET KISSIMMEE FL 34741	931 W. OAK STREET KISSIMMEE FL 34741

3. Date Incorporated or Qualified: 03/23/1994
3a. Date of Last Report:

21 2. Principal Place of Business:

26 2a. Mailing Address: P O Box [redacted] 692049

4. FEI Number: 59-3229790 ☐ Applied For ☐ Not Applicable

22 Suite, Apt. #, etc.:

27 Suite, Apt. #, etc.:

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

23 City & State:

28 City & State: ORLANDO FL

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

24 Zip: 25 Country:

29 Zip: 32869 30 Country: USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MOORHEAD, TIMOTHY R ESQ.
145 N. MAGNOLIA AVENUE
ORLANDO FL 32801

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 607.1508, 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, type or printed name of registered agent and title if applicable) (REQUIRED: Registered Agent signature required when mandated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	11 TITLE	P D	☒ Change ☐ Addition
NAME	STEELE, WILLIAM A	12 NAME	STEELE, WILLIAM A	
STREET ADDRESS	931 W. OAK STREET	13 STREET ADDRESS	931 W. OAK STREET	
CITY ST ZIP	KISSIMMEE FL 34741	14 CITY ST ZIP	KISSIMMEE FL 34741	
TITLE	P	21 TITLE	S T	☒ Change ☐ Addition
NAME	STEELE, MICHELLE C	22 NAME	STEELE, MICHELLE C	
STREET ADDRESS	931 W. OAK STREET	23 STREET ADDRESS	931 W. OAK STREET	
CITY ST ZIP	KISSIMMEE FL 34741	24 CITY ST ZIP	KISSIMMEE FL 34741	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	V.P.S	☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS	6/14/95	
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: [signature] 6-13-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date) (Daytime Phone #)

0117945 CP