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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1	996	DIVISION OF	CORPORATIONS		
DOCUN 1. Corporation		00045491 (5	5)		
R.J.'S	CAN-DO SERVICES, INC.				
				1 1 <b>66</b> 41 <b>6</b> 61 14 <b>8</b> 16111 <b>316</b> 64 <b>6</b> 664 <b>6</b> 7	
Principal Place of Business Mai		Mailing Address			
1906 23RD AVE EAST		1000 0000 AME FACT			
BRADENTON FL 34208		1806 23RD AVE EAST BRADENTON FL 34208			
				3. Date Incorporated or Qualified	3a. Date of Last Report
				04/06/1994	07/14/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	✓ Applied For
21 Suite, Apt. #, etc.		26   Suite, Apt. #, etc.		65-0522386	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	25 9. Name and Address of Current	29 Registered Agent	[30]	Flor da Statutes Yes  10. Name and Address of New R	
			81 Name	10. 110. 110. 110. 110. 110. 110. 110.	- January San
PREWE	TT, DAN		82 Street Addr	ress (P.O. Boy Number is Not Acceptab	lei)
5757 BENEVA RD. SOUTH			57	777 Beneva Rd So Un. +14	
			83		
			84 City		85 Zip Code +2
11 Pursuant to	the restraigns of Spatians 607 0600	and 607 1506 Florida Gratias	<u>    3c</u>	eral 8-0/-6- ration submits this statement for the pur	FL   34230
or registere	d agent, or both, in the State of Florid , and accept the obligations of, Section	la. Such change was authorize	s, the above-hamed corpor d by the corporation's boar	allon submits this statement for the pur rd of directors. Thereby accept the appo	pose of changing its registered office pintment as registered agent. Fam
ALCALIA TUDE		•			
SIGNATUREs	gnature, typed or ponted name of rejetered agent a	State the applicable (NO)	F. Fix justiced Agove signature respire-	d where reinstating	CATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	·····
TITLE NAME	PVST	☐ DELETE	1. 1 TIFLE		Change Addition
STREET ADDRESS	JOHNSON, RALPH E SR		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	1806 23RD AVE EAST BRADENTON FL 34208		1.4 City - St - ZiP		
TITLE	D	DELETE	2 1 III:E		Change Addition
NAME	JOHNSON, LAVETRA		2 2 NAME		
STREET ADDRESS	1806 23RD AVE EAST		2.3 STREET ADDRESS		
CITY - ST - ZIP	BRADENTON FL 34208		2.4 CHY-ST-ZIP		
TITLE	D	DELETE	3 1 HTCE		Change Addition
NAME	JOHNSON, RALPH E JR		3.2 NAME		
STREET ADDRESS	1806 23RD AVE EAST		3.3 STREET ADDRESS		
CITY-S1-ZIP TITLE	BRADENTON FL 34208	DELETE	3.4 CITY - ST - ZIP 4.1 TITUE		Change Addition
NAME	JOHNSON, MARK A		4.2 NAME		
STREET ADDRESS	1803 23RD AVE EAST		4.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34208		4.4 City - St. ZiP		
THILE		☐ DELETE	5 t Title		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - 7IP		Change T Addition
TITLE NAME			6 I TITLE 62 NAME		Change Addition
STREET ADDRESS			6.3 STHEET ADDRESS		
CITY - ST - ZIP			6.4 CITY-ST-7:P		
14. I do hereby	certify that the information supplied with information indicated on this annu-	ath this filing is voluntarily furnisal report or supplemental appli	shed and does not qualify for	or the exemption stated in Section 119. Ite and that my signature shall have the	07(3)(k), 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: X KULL 6. There

Ke ph

Johnson, Prs 3/24

941 -748-209 astrila Priorie #