

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 6/2/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 17 AM 9:36

DOCUMENT # P94000061142 (3)

1. Corporation Name

P.J. LOCKSMITH, INC.

Principal Place of Business

7485 ROYAL PALM BOULEVARD
MARGATE FL 33063

Mailing Address

7485 ROYAL PALM BOULEVARD
MARGATE FL 33063

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/19/1994

3a. Date of Last Report

4. FEI Number
65-0513121
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

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

2. Principal Place of Business

21 Suits, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suits, Apt. #, etc.

28 City & State

29 Zip

Country

30

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

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, typed or verified name of 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

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

P

JAMES, PATRICK L.

7485 ROYAL PALM BOULEVARD

MARGATE FL 33063

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY - ST - ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY - ST - ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY - ST - ZIP

27 TITLE

28 NAME

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30 CITY - ST - ZIP

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35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY - ST - ZIP

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)(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

Joseph F. Perina

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X Patrick L. Jones

6/21/95

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