

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY - 1 AM 12: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000066775 (5)

1. Corporation Name
81-J, INC.

Principal Place of Business Mailing Address
~~36 WALTER MARTIN RD NE~~ ~~25 WALTER MARTIN RD NE~~
~~FT WALTON BEACH FL 32548~~ ~~FT WALTON BEACH FL 32548~~
618 GAP CREEK DR. #19 **P.O. Box 6144**
FT WALTON BEACH FL 32548 SANDHISTAL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
09/12/1994 **Sept. 1994**

4. FEI Number Applied For
59-3270108 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under S. 193.002, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. 26. **P.O. Box 6144**

22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.

23. City & State 28. **SANDHISTAL FL**

24. Zip 25. Country 29. **32541** 30. **USA**

9. Name and Address of Current Registered Agent

~~GRIMSLEY, JAMES W~~
~~25 WALTER MARTIN RD NE~~
~~FT WALTON BEACH FL 32548~~

10. Name and Address of New Registered Agent

81. Name **RHONDA G. CUSIMANO**

82. Street Address (P.O. Box Number is Not Acceptable)
618 GAP CREEK DR. #19

83.

84. City **FORT WALTON BEACH** 85. Zip Code **32548**

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 **Rhonda G. Cusimano** DATE **4/26/95**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRIMSLEY, JAMES W DELETE
STREET ADDRESS	25 WALTER MARTIN RD NE
CITY - ST - ZIP	FT WALTON BEACH FL 32548
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D, PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	LEROY A. FOKERT
13. STREET ADDRESS	618 GAP CREEK DR. #19
14. CITY - ST - ZIP	FT WALTON BEACH, FL 32548
21. TITLE	D, SECRETREAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	RHONDA G. CUSIMANO
23. STREET ADDRESS	618 GAP CREEK DR. #19
24. CITY - ST - ZIP	FT WALTON BEACH, FL 32548
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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)(b), Florida Statutes. I further certify that the information indicated on the 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, unchanged, or on an attachment with an address.

SIGNATURE: **Rhonda G. Cusimano** **Rhonda G. Cusimano** 4/26/95 (904) 841-3141

Signature Title Date