

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 2:31

DOCUMENT # **P94000076739 (9)**

1. Corporation Name

PKJ INVESTMENT CO., INC.

Principal Place of Business

18551 N. TAMiami TRAIL
NORTH FT. MYERS FL 33903

Mailing Address

18551 N. TAMiami TRAIL
NORTH FT. MYERS FL 33903

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/19/1994

3a. Date of Last Report

4. FEI Number

65-0547783

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 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

FISHER, ANDREA F
1221 BRICKELL AVE.
MIAMI FL 33131

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

Regulation, typed or printed name of registered agent and limit application

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
|-------|------------------------|------------------------|-------------------------|
| | D KANAVOS, PETER J JR. | 18551 N. TAMiami TRAIL | NORTH FT MYERS FL 33903 |
| 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 |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | Change | Addition |
|---------------------|--------------------------|--------------------------|
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY - ST - ZIP | | |
| 2.1 TITLE | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | | |
| 3.1 TITLE | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 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 provided 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

2/20/95 1/813-731-2700
(Signature) (Phone #)