FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000091497 (5)**

1. Corporation Name
SGJ INC

Principal Place of Business	Mailing Address
LOBSTER TAIL TRAIL BIG PINE KEY FL 33043	RT. 5. BOX 120P BIG PINE KEY FL 33043

3. Date Incorporated or Qualified: **12/20/1994**
3a. Date of Last Report: **02/23/1995**

2. Principal Place of Business
21 147 LOBSTERTAIL Rd
22
23 Big Pine Key FL
24 33043 25 MONROE

2a. Mailing Address
26 147 LOBSTERTAIL Rd
27
28 Big Pine Key FL
29 33043 30 MONROE

4. FEI Number: **65-0543288** ☐ 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

9. Name and Address of Current Registered Agent

PHILLIPS, JOE P
RT. 5, BOX 120P
BIG PINE KEY FL 33043

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 147 LOBSTERTAIL Rd
83
84 City Big Pine Key FL 85 Zip Code 33043

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: Joe P. Phillips JOE P PHILLIPS 3-27-96
(Required) (Typed or Printed Name of Person Signing) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	*1 TITLE	☒ Change ☐ Addition
NAME	PHILLIPS, JOE		*2 NAME	
STREET ADDRESS	RT 5 BOX 120 B		*3 STREET ADDRESS	147 LOBSTERTAIL Rd
CITY-ST-ZIP	BIG PINE KEY FL		*4 CITY-ST-ZIP	Big Pine Key, FL 33043
TITLE	VP	☐ DELETE	2-1 TITLE	☒ Change ☐ Addition
NAME	FERGUSON, SAMUAL		2-2 NAME	V.P. FERGUSON, SAMUEL
STREET ADDRESS	RT 5 BOX 567		2-3 STREET ADDRESS	201 COUNTY Rd 4H5
CITY-ST-ZIP	BIG PINE KEY FL		2-4 CITY-ST-ZIP	Big Pine Key, FL 33043
TITLE	ST	☒ DELETE	3-1 TITLE	☒ Change ☐ Addition
NAME	BERNSTEIN, GARY		3-2 NAME	
STREET ADDRESS	RT 5 BOX 120 P		3-3 STREET ADDRESS	DELETE - RESIGNED 1/1/96
CITY-ST-ZIP	BIG PINE KEY FL		3-4 CITY-ST-ZIP	
TITLE		☐ DELETE	4-1 TITLE	S/T ☐ Change ☒ Addition
NAME			4-2 NAME	FERGUSON, APRIL L.
STREET ADDRESS			4-3 STREET ADDRESS	201 COUNTY RD 4H5
CITY-ST-ZIP			4-4 CITY-ST-ZIP	Big Pine Key, FL 33043
TITLE		☐ DELETE	5-1 TITLE	☐ Change ☐ Addition
NAME			5-2 NAME	
STREET ADDRESS			5-3 STREET ADDRESS	
CITY-ST-ZIP			5-4 CITY-ST-ZIP	
TITLE		☐ DELETE	6-1 TITLE	☐ Change ☐ Addition
NAME			6-2 NAME	
STREET ADDRESS			6-3 STREET ADDRESS	
CITY-ST-ZIP			6-4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not specifically fall within the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: Joe P. Phillips JOE P. PHILLIPS 3-27-96 305-296-8269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area Code & Daytime Phone #)