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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 33043-9702

3. Date Incorporated or Qualified: 12/20/1994
3a. Date of Last Report: 04/05/1996

2. Principal Place of Business
21: 201 COUNTY RD MH5
22: Suite, Apt. #, etc.
23: City & State: BIG PINE KEY FL
24: Zip: 33043
25: Country: USA

2a. Mailing Address
26: 201 COUNTY RD MH5
27: Suite, Apt. #, etc.
28: City & State: BIG PINE KEY FL
29: Zip: 33043
30: Country: USA

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: FERGUSON SAMUEL
82 Street Address (P.O. Box Number is Not Acceptable): 201 COUNTY RD MH5
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: V.P Samuel Ferguson SAMUEL FERGUSON 1-10-97
Signature, typed or printed name of registered agent, and date (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PHILLIPS, JOE ~~RT 5 BOX 120 B~~ ~~BIG PINE KEY FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P PHILLIPS JOE 147 LOBSTER TAIL RD BIG PINE KEY FL 33043	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FERGUSON, SAMUAL ~~RT 5 BOX 587~~ ~~BIG PINE KEY FL~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP FERGUSON SAMUEL 201 COUNTY RD MH5 BIG PINE KEY FL 33043	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T FERGUSON APRIL 201 COUNTY RD MH5 BIG PINE KEY FL 33043	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SAMUEL FERGUSON Samuel Ferguson 1-10-97 305-872-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #