SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

| ANNUAL REPORT 1996 | | Secretary of State DIVISION OF CORPORATIONS |
|--------------------------------------|-----------|---|
| DOCUMENT # 1. Corporation Name | P95000004 | 1383 (2) |
| C & J ENTERPRISES | , INC. | |
| Principal Place of Business | Mail | ling Address |
| 3630 INDIAN TRAIL DESTIN FL 32541 | * | 00 Indian trail Stin FL 32541 |



| DESIM LE 3534 | ** | DESTINATE SESTI | | | | | | |
|---|---|---------------------|--|--|--|------------------|-------------------------------|----------------------|
| | | | | | 3. Date Incorporated or Qualified 01/17/1995 | 3a. Date | e of Last Report | |
| 2. Principal Plac | on of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied F | or |
| ¬ . | Ge Of Drivings? | 26 | | | | | Not Appl | |
| Suite, Apt. #. | etc | Suite. Apt #, etc | | | 5. Certificate of Status Desired | E1 | \$8.75 Addition | |
| 2 | | 27 | | | | | | |
| City & State | | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 May B Added to Fees | |
| 3 | | 28 | | intry | 8. This corporation has liability for i | ntaeceble ta | | |
| Zip | Country | Ζιρ 29 | 30 | n ne y | Florida Statutes |] Yes [| No | |
| 4 | 25 9. Name and Address of Cu | | 130 | | 10. Name and Address of New Re | gistered A | gent | |
| | | | | 81 Name | | | | |
| JONES, WALTER S JR. | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| |) INDIAN TRAIL | | | | | | | |
| DES | TIN FL 32541 | | | 83 | | | | |
| | | | | 84 Cily | | | 85 Zip Code | |
| | | | | 1 / | oration submits this statement for the prior's board of directors. Thereby accept | FL | <u> </u> | torost. |
| office or re agent I an | gistered agent, or both in the S n familiar with land accept the c | | 5, Florida Stat | tutes | | | | |
| SIGNATURE _ | Signative Type dior perceil can endings on | | | ea Agent signature rega | ADDITIONS/CHANGES TO OFFIC | DAIL DERS AND | DIRECTORS IN | 12 |
| 12. | OFFICER | S AND DIRECTORS | 13. | <i></i> | ADDITIONS/CHANGES TO OFFIC | CENS AND | Change | Addition |
| TITLE | D | L DELET | | TITLE . | | | | |
| NAME | JONES, WALTER S JR. | | | NAME STREET ADDRESS | | | | |
| STREET ADDRESS | 3830 INDIAN TRAIL | | | CITY - SI - ZIP | | | | |
| CITY-ST-ZIP | DESTIN FL 32541 | DELET | | TITLE | | | Change | Addition |
| TITLE | | <u> </u> | | NAME | | | | |
| | | | | STREET ADDRESS | | | | |
| NAME COREET APPROFESS | | | 2.3 | | | | | |
| STREET ADDRESS | | | | CITY - ST - ZIF | | | | |
| STREET ADDRESS CITY-ST-ZIP | | DELE | 2 4 | 1 | | <u>[</u> | Change | Add tici |
| STREET ADDRESS | | DELE | 2 4 IE 31 | CITY - ST - ZIF | | | Change | Add tici |
| STREET ADDRESS CITY - ST - ZIP TITLE | | DELE! | 2 4 If 31 32 | CITY - ST - ZIF | | <u>[</u> | Change | Add tici |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME | | | 2 4 31 32 33 34 | CHY-SI-ZIF THEE NAME STREET ADDRESS CHY-SI-ZIP | | | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | DELE | 2 4 1 1E 3 1 3 2 3 3 3 4 1E 4 1 | CHY-SI-ZIF THEE NAME STREELADDRESS CHY-SI-ZIP THE | | | Change Change | |
| STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | 2 4 1 1 1 1 3 1 3 2 3 3 3 4 4 1 4 4 1 4 4 2 | CITY - ST - ZIF THEE NAME STREET ADDRESS CITY - ST - ZIP THEE Z NAME | | | | |
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| STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP | | Dft.E | 2 4 4 1 E 4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | CHY-SI-ZIF THEE NAME STREELADORESS CITY-SI-ZIP THEE RAME STREELADORESS LCHY-SI-ZIP | | | | Addition Addition |
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| STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADORESS CITY-ST-2IP TITLE NAME STREET ADORESS | | Dft.E | 2 4 4 1 E 51 5 2 5 3 5 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | CHY-ST-ZIF THE NAME STREET ADDRESS CITY-ST-ZIP THE RAME STREET ADDRESS CITY-ST-ZIP THE RAME LUTY-ST-ZIP THE RAME STREET ADDRESS | | | Change | Additio Additio |
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| STREET ADDRESS CITY-ST-ZIP TITLE NAME | | DELE | 2 4 | CHY-ST-ZIF THE NAME STREEL ADDRESS CITY-ST-ZIP THE RAME STREEL ADDRESS CITY-ST-ZIP THE RAME STREEL ADDRESS A CITY-ST-ZIP THE | ualify for the exemption stated in Section o and accurate and that my signature st red to execute this report as required by | | Change Change Change | Addition Addition |

SIGNATURE:

WATER S Jones JR 6-7-94 267-1411
SIGNATURE AND TYPED OR PRINTED MAYER S FIGNING OFFICER OR DIRECTOR