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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000005644** (6)

C & J ON SITE REPAIRS CORP.

FILED Apr 21 1997 8:00am Secretary of State



Frincipal Place of Business		Malling Addres	Mailing Address						
1050 FAIRWOOD LANE JACKSONVILLE FL 32205			1050 FAIRWOOD LANE JACKSONVILLE FL 32205-6028						
						3. Date Incorporated or Qualified 01/23/1995		le of Last F 5/1996	Report
2. Principal Pr	lace of Business	2a. Mailing Ado	iress			4. FEI Number			oplied For
1			26			59-3288412 Not		ot Applicable	
Suite, Apt	#, etc.	Suite, Apt. 4	#, etc.			5. Certificate of Status Desired			Additional equired
City & Strate		City & State	City & State			6. Election Campaign Financing \$5.00 N Trust Fund Contribution Added to			May Be to Fees
Ζη. 4	Country 25	Ζφ 29	30	Country	,	8. This corporation has liability for i	intangible t Yes	ax under s No	. 199.032.
14		Current Registered Agent				10. Name and Address of New Re-	gistered A	gent	
GRIN	IES, CHRISTINA J.			81	Name				
1050	FAIRWOOD LANE (SONVILLE FL 32205			82	Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
				83	·		**************************************	· · · · · · · · · · · · · · · · · · ·	
				84	City		FL	85 Zip	Code
agent La		е орнужного от, авспол во	7.0505. Floric	ia Statutes	5.	ation's board of directors. I hereby accep			
	Expension type a or posted name of rega	Stred agent and the Papphoable		legistered Age		ruired when reinsteting)	DATE		
IGNATURE 2.	Signature typed or pointed nume of rega- OFFICE	chood agent and the Papplicable RS AND DIRECTORS	(NOTE: R	legistered Age			DATE CERS AND	DIRECTO	RS IN 12
ignature 2.	Segment dysect of pioned name of legs OFFICE	chood agent and the Papplicable RS AND DIRECTORS		13.		ruired when reinsteting)	DATE CERS AND		RS IN 12
IGNATURE 2. Me	OFFICE P GRIMES, CHRISTINA J	chood agent and the Papplicable RS AND DIRECTORS	(NOTE: R	13. 1.1 TITLE 1.2 NAME	ent signature requ	ruired when reinsteting)	DATE CERS AND	DIRECTO	RS IN 12
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IGNATURE 2. UE 9Wz SETAOURESS TY-ST-20	OFFICE P GRIMES, CHRISTINA J	Constagrat and the Papplicable RS AND DIRECTORS	(NOTE: R	13. 1.1 TITLE 1.2 NAME	ent signature requ	ruired when reinsteting)	DATE CERS AND	DIRECTO	RS IN 12
IGNATURE 2. REF MY2 RETADORES TY-ST-70	OFFICE P GRIMES, CHRISTINA J 1050 FAIRWOOD LANE	Constagrat and the Papplicable RS AND DIRECTORS	(NOTE A	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY - S	ent signature requ	ruired when reinsteting)	DATE CERS AND	DIRECTOI Change	RS IN 12
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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: 1 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 the hanged, or on an attachappent with an address.

SIGNATURE

4-2-97

aytime Phone #

0030342