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Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000024284 (8)

1. Corporation Name  
J.B.J. INC.

Principal Place of Business  
5000-85 US HWY 17  
ORANGE PARK FL 32073  
US

Mailing Address  
% DAVID A. KING, ESQ.  
1416 KINGSLEY AVE.  
ORANGE PARK FL 32073-4509



3. Date Incorporated or Qualified 03/27/1995  
3a. Date of Last Report 04/02/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-3314407

Applied For  
Not Applicable

21 Suite Apt. #, etc.

26 Suite Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KING, DAVID A  
~~1416 KINGSLEY AVENUE~~  
~~ORANGE PARK FL 32073~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
Attorney at Law

83 1416 Kingsley Avenue

84 City  
Orange Park

FL 85 Zip Code  
32073

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPST  
1.2 NAME SCHUEURMAN, KATHLEEN A.  
1.3 STREET ADDRESS 944 MAPLE RIDGE COURT  
1.4 CITY-ST-ZIP ORANGE PARK FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ DELETE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ DELETE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
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4.4 CITY-ST-ZIP

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4.2 NAME  
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4.4 CITY-ST-ZIP

5.1 TITLE ☐ DELETE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ DELETE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: *Kathleen A. Scheurman*  
Kathleen A. Scheurman, President

4/12/97 (904) 272-5996  
Date Daytime Phone #

0015299

CR2E034 (9/96)