

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000027651 (5)

1. Corporation Name

D. J. FINANCIAL CORPORATION



Principal Place of Business

3511 R. HILLSBOROUGH AVE.  
TAMPA FL 33610

Mailing Address

3511 R. HILLSBOROUGH AVE.  
TAMPA FL 33610

2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc.

26 State Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PARNELL, THOMAS E ESQ.  
320 W. FLETCHER AVE.  
SUITE 104  
TAMPA FL 33612

3. Date Incorporated or Qualified

04/06/1995

3a. Date of Last Report

4. FEI Number

59-3309437

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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 of Registered Agent

Signature of Registered Agent Signature required when changing office

DATE

12. OFFICERS AND DIRECTORS

|                |                            |                                            |
|----------------|----------------------------|--------------------------------------------|
| TITLE          | PSD                        | <input type="checkbox"/> DELETE            |
| NAME           | JACKSON, DEITRA M          |                                            |
| STREET ADDRESS | %3511 R. HILLSBOROUGH AVE. |                                            |
| CITY-STATE-ZIP | TAMPA FL 33610             |                                            |
| TITLE          | D                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | SULLIVAN, KEITH            |                                            |
| STREET ADDRESS | %3511 R. HILLSBOROUGH AVE. |                                            |
| CITY-STATE-ZIP | TAMPA FL 33610             |                                            |
| TITLE          | D                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | PARNELL, THOMAS E          |                                            |
| STREET ADDRESS | %3511 R. HILLSBOROUGH AVE. |                                            |
| CITY-STATE-ZIP | TAMPA FL 33610             |                                            |
| TITLE          |                            | <input type="checkbox"/> DELETE            |
| NAME           |                            |                                            |
| STREET ADDRESS |                            |                                            |
| CITY-STATE-ZIP |                            |                                            |
| TITLE          |                            | <input type="checkbox"/> DELETE            |
| NAME           |                            |                                            |
| STREET ADDRESS |                            |                                            |
| CITY-STATE-ZIP |                            |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-STATE-ZIP |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-STATE-ZIP |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-STATE-ZIP |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-STATE-ZIP |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-STATE-ZIP |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY-STATE-ZIP |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Deitra M. Jackson*

DEITRA M. JACKSON

Feb. 7, 1996 (813) 238-1460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)