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PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
96 AUG 23 AM 10:04
SECRETARY OF STATE

DOCUMENT # **P95000036849 (4)**

1. Corporation Name

M.J. INVESTMENTS OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
999 RAVINE ROAD NO. JACKSONVILLE FL 32259	999 RAVINE ROAD NO. JACKSONVILLE FL 32259

3. Date Incorporated or Qualified: 05/08/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 14030 MANDARIN OAKS LN.	26 14030 MANDARIN OAKS LN.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: JACKSONVILLE, FL.	28 City & State: JACKSONVILLE, FL.
24 Zip: 32223 25 Country: DUVAL	29 Zip: 32223 30 Country: DUVAL

4. FEI Number: 59-3313463 ☐ 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	10. Name and Address of New Registered Agent
JOHNIGEAN, MICHAEL J 999 RAVINE ROAD NO. JACKSONVILLE FL 32259	81 Name: JOHNIGEAN, MICHAEL J. 82 Street Address (P.O. Box Number is Not Acceptable): 14030 MANDARIN OAKS [redacted] LN. 83 [redacted] 84 City: JACKSONVILLE FL 85 Zip Code: 32223

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: Michael Johnigean 8-23-96
Signature of [illegible] DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNIGEAN, MICHAEL J 999 RAVINE ROAD NO. JACKSONVILLE FL 32259	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 14030 MANDARIN OAKS LN. JACKSONVILLE, FL. 32223
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNIGEAN, CHERYL L 999 RAVINE ROAD NO. JACKSONVILLE FL 32259	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 14030 MANDARIN OAKS LN. JACKSONVILLE, FL. 32223
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ 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	000001[redacted]410 -08/28/96--01058--017 ****225.00 ****225.00
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 8/23/96
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 (12/95)

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)(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: Michael Johnigean Michael J Johnigean 8-23-96 (904) 635-5790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #