## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

**19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000055215 (4)

A.J.J.C. ENTERPRISES, INC.

## FILED May 19 1998 8:00am Secretary of State



|   |   |  |   | <b>                         </b>                               |                     |                  |               |
|---|---|--|---|--|---------------------|------------------|---------------|
| Principal Place of Business Mailing Address |   |  |   |  |                     |                  |               |
| 4926 GALLIVER OUT OFF ROAD P-O-BOX-909      |   |  | _   |  |                     |                  |               |
| BAKER FL 32531                              |   | CRESTVIEW FL 32536   |   | DO NOT WRITE IN THIS SPACE                                     |                     |                  |               |
|   |   | ••   |   | 3. Date Incorporated or Qualific                               | ed                  |                  |               |
|   |   |  |   | 07/17/1995   |                     |                  |               |
| 2. Principal Pi                             | ace of Business   | 2a. Mailing Address.   | A 1                                       | 4. FEI Number  |                     | App              | lied For      |
| 21  |   | 26 4926 GRAJIVER   | <u> 40</u>                                | 59-3323936   |                     |                  | Applicable    |
| Suite, Apt.                                 | M, etc.   | Suite, Apt. #, etc.  |   | 5. Certificate of Status Desired                               |                     | \$8.75 Ad        |               |
| 22  |   | 27   |   | UI Commodito of Statute Desires                                |                     | Fee Req          | <del></del>   |
| City & State                                | •   | City & State   | 1   | 6. Election Campaign Financin                                  |                     | \$5.00 N         |               |
| 23  | Country   | 20 (1)   | Country                                   | Trust Fund Contribution  | <u> </u>            | Added to         |               |
| Žip   | <b>├</b> ─┐   | 29 32531 3   | 30 OKA WOSA                               | 8. This corporation owes or has<br>Personal Property Tax due J |                     |                  | No No         |
| 24  | 25]<br>S. Name and Address of Current   | 29   <i>つみりつ[</i>   3<br>t Registered Agent                        | 30 0 7 12 100 25                          | 10. Name and Address of New                                    |                     |                  | 140           |
| CH  | FTON, ALICIA J  |  | 81 Name                                   | II Orcas   |                     |                  |               |
|   | 8 GALLIVER CUT OFF ROAD   |  |   | e H. Clitton   | ntable)             | <del></del>      |               |
|   | KER FL 32531  |  | 82 Street Add                             | dress (P.O. Box Number is Not Acce                             | Cat-c               | <del>2€€</del> - |               |
|   |   |  | 83  | - Cyc I I V  |                     |                  |               |
|   |   |  | 101 00 10                                 |  |                     | Tee 1 die C      |               |
|   |   |  | 84 City 6                                 | ater   | FL                  |                  | 253/ 1        |
| 11. Pursuant                                | o the provisions of Sections 607.0502<br>egistered agent, or both, in the State<br>mamiliar with, and accept the phligh | and 607.1508, Florida Statute:                                     | s, the above-named cor                    | poration submits this statement for t                          | he purpose of o     | changing its     | registered    |
| office or re<br>agent. Lea                  | egistered agent, or both in the State (<br>••••••••••••••••••••••••••••••••••••   | of Horida, Such change was au<br>itions of, Section 607.0505, Flor | utnorized by the corpora<br>rida Statutes | ation's board of directors. I hereby a                         | ccept the appo      | iniment as re    | agistered     |
| SIGNATURE                                   | Le Il Vilto   |  |   | ton  | 04/29               | 1198             |               |
| /   | olginature, typed or santed respect of regularies ager  | it and the if applicable (NOTE                                     | Registered Agent & gnature requ           | ared when reinstaling)   | DATE                |                  |               |
| 12.   | OFFICERS AND  |  | 13.                                       | ADDITIONS/CHANGES TO O   |                     |                  | Addition      |
| TITLE                                       | SV<br>CLIFTON, JOE H II   | ☐ DELETE   | 1.1 TITLE                                 | lifton, ALICIA J.<br>1926 Galliver Cut. 61<br>Baker, Fl 32531  |                     | Change           | M VOCILION 13 |
| NAME  | 149 PALM DR   |  | 1.2 NAME C                                | 10 m malliver cut of   | is rd               |                  |               |
| STREET ADDRESS                              | ALABASTER AL  |  | 1.3 STREET ADDRESS 44                     | 3-400 Fl 22531   |                     |                  |               |
| CITY-ST-ZIP<br>TITLE                        | V   | DELETE   | 1.4 CITY-ST-ZIP (                         | Jakel III Debsi  |                     | Change           | T Addition    |
| NAME  | <b>RE</b> VIS, JEFFREY  | □ pt   | 2.2 NAME                                  |  | •                   |                  |               |
| STREET ADDRESS                              | 5255 GRIFFITH MILL RD   |  | 2 3 STREET ADDRESS                        |  |                     |                  |               |
| CITY-ST-ZIP                                 | BAKER FL  |  | 2 4 CITY-ST-ZIP                           |  |                     |                  |               |
| TITLE                                       | P   | DELETE   | 31 TITLE                                  |  |                     | Change           | Addition      |
| NAME  | CLIFTON, JOE H  |  | 3.2 NAME                                  |  |                     |                  |               |
| STREET ADDRESS                              | 4926 GALLIVER CUT-OFF   |  | 3.3 STREET ADDRESS                        |  |                     |                  |               |
| CITY-ST-ZIP                                 | BAKER FL  |  | 3.4. CITY-ST-ZIP                          |  |                     |                  |               |
| TITLE                                       |   | DELETE   | 4.1 TITLE                                 |  |                     | Change           | Addition      |
| NAME  |   |  | 4. 2 NAME                                 |  |                     |                  |               |
| STREET ADDRESS                              |   |  | 4.3 STREET ADDRESS                        |  |                     |                  |               |
| CITY-ST-ZIP                                 |   |  | 4.4 CITY - ST - ZIP                       |  |                     |                  |               |
| TITLE                                       |   | ☐ DELETE   | 5.1 TITLE                                 |  | Į                   | Change           | ☐ Addition    |
| NAME  |   |  | 5.2 NAME                                  |  |                     |                  | [             |
| STREET ADDRESS                              |   |  | 5.3 STREET ADDRESS                        |  |                     |                  | 1             |
| CITY-ST-ZIP                                 |   | ——————————————————————————————————————                             | 5.4 CITY-ST-ZIP                           |  |                     | Ob.              | 711 32222     |
| TITLE                                       |   | DELETE   | 6.1 TITLE                                 |  | l                   | Change           | ☐ Addition    |
| NAME  |   |  | 6.2 NAME                                  |  |                     |                  |               |
| STREET ADDRESS                              |   |  | 6.3 STREET ADDRESS                        |  |                     |                  |               |
| CITY-ST-ZIP                                 | ertify that the information supplied wi   | th this filling does not qualify to                                | 6.4 CITY - ST - ZIP                       | n Section 119 07/29(i) Florida Statute                         | oe I further cor    | tify that the i  | nformation    |
| i 14. i neredy (                            | erury (nat the information subblied Wi  | an anis tiling goes not quality to:                                | r ine exemplion stated t                  | n aecnon i retoriajn, monda Statut                             | sa, i iuritildi CHI | my trial trib t  | mountation    |

4. I 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 eath; 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 attachiment with an address.

a Harris

Too H. CISton

21/36/38

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