

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90031 047 ***163.75

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000055215

1. Corporation Name
A.J.J.C. ENTERPRISES, INC.

Principal Place of Business
**4926 GALLIVER CUT OFF ROAD
BAKER FL 32531**

Mailing Address
**4926 GALLIVER
BAKER FL 32531
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 **4926 Galliver Cut-Off**
Suite, Apt. #, etc.

27 **Baker, Fl**
City & State

28

US

Zip

Country

29

32531

30

9. Name and Address of Current Registered Agent

**JOE H CLIFTON
4926 GALLIVER CUT OFF RD
BAKER FL 32531**

3. Date Incorporated or Qualified

07/17/1995

4. FEI Number

59-3323936

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☒

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Joyce D. Clifton

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

4926 Galliver Cut-Off

83

Baker

84 City

Baker

FL

85

Zip Code
32531

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

Joyce D. Clifton, Treasurer

(NOTE: Registered Agent signature required when reinstating)

03/12/1999

12. OFFICERS AND DIRECTORS

TITLE **SV** ☐ DELETE
NAME **CLIFTON, JOE H II**
STREET ADDRESS **149 PALM DR**
CITY-ST-ZIP **ALABASTER AL**

TITLE **V** ☐ DELETE
NAME **REVIS, JEFFREY**
STREET ADDRESS **5255 GRIFFITH MILL RD**
CITY-ST-ZIP **BAKER FL**

TITLE **P** ☐ DELETE
NAME **CLIFTON, JOE H**
STREET ADDRESS **4926 GALLIVER CUT-OFF**
CITY-ST-ZIP **BAKER FL**

TITLE **ST** ☐ DELETE
NAME **CLIFTON, ALICIA J**
STREET ADDRESS **4926 GALLIVER CUT OFF RD**
CITY-ST-ZIP **BAKER FL 32531**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **Secretary**
4.3 STREET ADDRESS **Clifton, Alicia J.**
4.4 CITY-ST-ZIP **4647T Hwy 280 E #207**
Birmingham, Al 35242

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **Treasurer**
5.3 STREET ADDRESS **Clifton, Joyce D.**
5.4 CITY-ST-ZIP **4926 Galliver Cut-Off**
Baker, FL 32531

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

14. 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 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, with all other like empowered.

SIGNATURE:

Joyce D. Clifton

03/12/99

850537-8101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0537544