

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000067220 (0)**

1. Corporation Name

**CPJ LIMITED, INC.**



Principal Place of Business

**2017 SEAWAY DR., WEST UNIT  
FT. PIERCE FL 34949**

Mailing Address

**2017 SEAWAY DR., WEST UNIT  
FT. PIERCE FL 34949**

3. Date Incorporated or Qualified

**08/30/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **801 So. Ocean Dr.**

26 **SAME - 801 So. Ocean**

45 - 06067999

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **1010**

27

City & State

23 **FT. PIERCE, FL**

28

City & State

Zip

Country

Zip

Country

24 **34949**

25 **USA**

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

**LAWSON, PAULETTE  
2017 SEAWAY DR., WEST UNIT  
FT. PIERCE FL 34949**

81 Name

**PAULETTE GALLO**

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

**801 So. Ocean Drive**

83

**# 1010**

84 City

**FT. PIERCE**

**FL**

85 Zip Code

**34949**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 office is acceptable

(NOTE: Registered Agent signature required when agent is not the corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**D  
LAWSON, PAULETTE  
801 S. OCEAN DR., #1010  
FT. PIERCE FL 34949**

☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

**GALLO, PAULETTE**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐

Change Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐

Change Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐

Change Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐

Change Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐

Change Addition

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)(b), 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:

**Paulette Gallo, PAULETTE GALLO**

Date

**4/28/96 407-468-4130**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)