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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pg. 1 of 2

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P95000075281 (2)**

1. Corporation Name
BO-JO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
11701 SAN JOSE BLVD JACKSONVILLE FL 32258 US	11701 SAN JOSE BLVD. #24 JACKSONVILLE FL 32223-1684 US

3. Date Incorporated or Qualified: 09/29/1995	3a. Date of Last Report: 07/08/1996
4. FEI Number: 59-3339140	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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CHIUMENTO, MICHAEL D ESQ.
4 OLD KINGS ROAD NORTH
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name: Thomas P. Cannell
82 Street Address (P.O. Box Number is Not Acceptable): 11234 SAN JOSE Blvd.
83: SUITE 5
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: Thomas P. Cannell — 9/22/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	MCDERMOTT, ROBERT	1.2 NAME	Robert H McDermoth
STREET ADDRESS	12835 SWAMP OWL LANE	1.3 STREET ADDRESS	12835 Swamp Owl Lane
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Jacksonville FL 32258
TITLE	D ☐ DELETE	2.1 TITLE	SECRETARY TREASURER ☒ Change ☐ Addition
NAME	MCDERMOTT, JOAN	2.2 NAME	Joan T. McDermoth
STREET ADDRESS	12835 SWAMP OWL LANE	2.3 STREET ADDRESS	12835 Swamp Owl Lane
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Jacksonville FL 32258
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	300002325383--1
STREET ADDRESS		4.3 STREET ADDRESS	-10/21/97--01029--027
CITY-ST-ZIP		4.4 CITY-ST-ZIP	****550.00 ****550.00
TITLE	☐ DELETE	5.1 TITLE	Amy Allred ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	10/17/97
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: X Robert H McDermoth — 9/25/97 — 904-880-5090