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 # **P95000095505 (0)**

1. Corporation Name

J ENTERPRISES, INC.

Principal Place of Business
1810 DONEGAL DR
CANTONMENT FL 32533

Mailing Address
1810 DONEGAL DR
CANTONMENT FL 32533

3. Date Incorporated or Qualified: **12/14/1995**

3a. Date of Last Report

4. FEI Number: 59-3353880 — 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
21 Street, Apt. #, etc.
22
City, & State
23
Zip 24 Country 25

2a. Mailing Address
26 Street, Apt. #, etc.
27
City, & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

JOHNSON, THOMAS A
1810 DONEGAL DR
CANTONMENT FL 32533

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1504, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature of Registered Agent or Officer or Director of the Registered Agent — Date: Registered Agent or Officer or Director Name — Date

12. OFFICERS AND DIRECTORS

TITLE: DPST
NAME: JOHNSON, THOMAS A
STREET ADDRESS: 1810 DONEGAL DR
CITY, ST, ZIP: CANTONMENT FL 32533
☑ DELETE

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP — ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP — ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP — ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP — ☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP — ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: DPST
12 NAME: JEAN L. JOHNSON
13 STREET ADDRESS: 1810 DONEGAL DR.
14 CITY, ST, ZIP: CANTONMENT, FL 32533
☑ Change ☐ Addition

21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY, ST, ZIP — ☐ Change ☐ Addition

31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY, ST, ZIP — ☐ Change ☐ Addition

41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY, ST, ZIP — ☐ Change ☐ Addition

51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY, ST, ZIP — ☐ Change ☐ Addition

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)(k), 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 is an attachment with an address.

SIGNATURE: Jean L. Johnson — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-96 — Date

904-968-1923 — Daytime Phone #

CR2E034 (12/95)