

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000014314 (4)

1. Corporation Name
ALL-JAX HOME LIFT, INC.



Principal Place of Business

1205 INDIAN WOODS DR.
NEPTUNE BEACH FL 32266

Mailing Address

1205 INDIAN WOODS DR.
NEPTUNE BEACH FL 32266-3145

2. Principal Place of Business

21 1205 INDIAN WOODS DR.
Suite, Apt. #, etc.

2a. Mailing Address

26 1205 INDIAN WOODS DR.
Suite, Apt. #, etc.

22 City & State
NEPTUNE BEACH, FL

27 City & State
NEPTUNE BEACH, FL

23 Zip Country
32266 USA

28 Zip Country
32266 USA

3. Date Incorporated or Qualified
02/12/1996

3a. Date of Last Report
4-21-97

4. FEI Number
59-3393796

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

9. Name and Address of Current Registered Agent

OAKS, ROBERT
112 WEST ADAMS STREET, #1324
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
OAKS ROBERT

82 Street Address (P.O. Box Number is Not Acceptable)
1205 INDIAN WOODS DR.

83

84 City
NEPTUNE BEACH

FL

85 Zip Code
32266

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

Robert A. Oaks

Robert A. Oaks

4-21-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OAKS, ROBERT	
STREET ADDRESS	112 WEST ADAMS STREET, #1324	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HINSON, N J	
STREET ADDRESS	112 WEST ADAMS STREET, #1324	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	OAKS ROBERT	
1.3 STREET ADDRESS	1205 INDIAN WOODS DRIVE	
1.4 CITY-ST-ZIP	NEPTUNE BEACH, FL 32266	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HINSON, N J	
2.3 STREET ADDRESS	1205 INDIAN WOODS DR.	
2.4 CITY-ST-ZIP	NEPTUNE BEACH, FL 32266	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

Robert A. Oaks

4-21-97

904-246-2701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)