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Mar 13 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 # P96000032474 (4)

1. Corporation Name

F.J.G. ENTERPRISES, INC.

Principal Place of Business

3005 BEAULCERC OAKS DRIVE SOUTH
JACKSONVILLE FL 32257

Mailing Address

3005 BEAULCERC OAKS DRIVE SOUTH
JACKSONVILLE FL 32257-5713



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/10/1996		3a. Date of Last Report 4/9	
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 59 3375916		Applied For		Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees			
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No					

9. Name and Address of Current Registered Agent

WATSON, TODD
7785 BAYMEADOWS WAY STE 107
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

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

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 understand with and agree to the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Joan Giordano

3/8/97

(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	☐ DELETE	13.1 TITLE	☐ Change ☐ Addition
12.2 NAME		13.2 NAME	
12.3 NAME		13.3 STREET ADDRESS	
12.4 NAME		13.4 CITY - ST - ZIP	
12.5 NAME		13.5 CITY - ST - ZIP	
12.6 NAME		13.6 CITY - ST - ZIP	
12.7 NAME		13.7 CITY - ST - ZIP	
12.8 NAME		13.8 CITY - ST - ZIP	
12.9 NAME		13.9 CITY - ST - ZIP	
12.10 NAME		13.10 CITY - ST - ZIP	
12.11 NAME		13.11 CITY - ST - ZIP	
12.12 NAME		13.12 CITY - ST - ZIP	
12.13 NAME		13.13 CITY - ST - ZIP	
12.14 NAME		13.14 CITY - ST - ZIP	
12.15 NAME		13.15 CITY - ST - ZIP	
12.16 NAME		13.16 CITY - ST - ZIP	
12.17 NAME		13.17 CITY - ST - ZIP	
12.18 NAME		13.18 CITY - ST - ZIP	
12.19 NAME		13.19 CITY - ST - ZIP	
12.20 NAME		13.20 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 contained in 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:

Joan Giordano

3/8/97

(904) 735-0772

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

0041225

CR2E034 (9/96)