

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90211 009 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000032474

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1996

4. FEI Number

59-3375916

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 104 Natures Way

Suite, Apt. #, etc.

City & State

23 Ponte Vedra FL

Zip Country

24 32082 25 ST. Johns

2a. Mailing Address

26 104 Natures Way

Suite, Apt. #, etc.

City & State

28 Ponte Vedra FL

Zip Country

29 32082 30 ST. Johns

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

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 *Joan Giordano*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-23-99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME
GIORDANO, JOAN
STREET ADDRESS
3005 BEAULCERC OAKS DRIVE SOUTH
CITY-ST-ZIP
JACKSONVILLE FL 32257**

TITLE ☐ DELETE

**NAME
GIORDANO, FRED
STREET ADDRESS
3005 BEAULCERC OAKS DRIVE SOUTH
CITY-ST-ZIP
JACKSONVILLE FL 32257**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE:

Joan Giordano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-99 (904) 293-8946

CR2E034 (1/98)