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

PROFITCORPORATIONANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000033687 (0)

RANDOLPH JR. ENTERPRISES, INC.

## FILED Jun 19 1997 8:00am Secretary of State



Principal Place	of Business	Mailing Address			! {		
1157 W 8TH ST		P.O. BOX 8858					
JACKBONNILLE FL 32209		JACKSONVILLE FL 32239-0858					
					3. Date Incorporated or Qualified 04/18/1996	3a. Date of Last	Report
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	1	Applied For
21		26		59-3345139		lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing \$5.00 May Be		
23	Country	26		4	Trust Fund Contribution		I to Fees
Zip <b>24</b>	<u> </u>	Zip	Goun 30	игу	8. This corporation has liability for in	ntangible tax under Yes 🔲 No	s. 199.032,
24)	25 9. Name and Address of Curre	29   nt Registered Agent	[30]		Florida Statutes  10. Name and Address of New Reg		
DANO		The growth of Figure	to. Hamb and Address of tess ries	natered Agent			
RANDOLPH, REGINALD JR				31 Name			
	W 8TH ST		8		82 Street Address (P.O. Box Number is Not Acceptable)		
JALA	SONVILLE FL 32209		1	33			
			-	34 City		las las	Carla
							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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent's gnature required when reinstating)  DAT(							
12.		on: and tillo it applicable (h ID DIRECTORS	IOTE: Registered a	Agent signature req	pred when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTO	RS IN 12
TITLE Z	) agriden de	DELETE	1,1 1/11	F	ADDITIONO/OFFANGED TO GITTOE	Change	
NAME &	eginald A. Rendolph 5 157 W845+	-	1.2 NAM				
STREET ADDRESS /	157W8M54			EET ADDRESS			
CHY-ST-ZIP	Seeksourde, FL. 322	09		'-\$1-ZIP			
TITLE A	Line Bury Harry	DELETE	2.1 TITL			Change	☐ Addition
NAME (C	eston Zimmerman 1413 Braid Oak Dr	• .	2.2 NAM	IE			
STREET ADDRESS 2	1413 Draid Dak 1897	ive	2.3 STR	EET ADDRESS			
CITY-ST-ZIP	Scentur Cra. 3032	7		Y - ST - 71P			
TITLE		☐ DELETE	3.1 1)1L	l		☐ Change	Addition
NAME			3.2 NAM	16			
STREET ADDRESS			3.3 STH	EE1 ADDRESS			į
CITY-ST-ZIP			3 4. Cil	Y-ST-ZIP			
TITLE		☐ DELETE	4 1 THL	E		Change	Addition
NAME			4. 2 NAM	ME			
STREET ADDRESS			4.3 \$18	EET ADDRESS			
CITY-ST-ZIP			4.4 CITY	-51-711			
TITLE		☐ DELETE	5.1 TITU	E		☐ Change	Addition
NAME			5.2 NAM	lŧ	50000221	7696	
STREET ADDRESS	STREET ADDRESS		5.3 STR	EE1 ADDRESS	-06/20/970100	6000022 <b>17696</b> -06 <u>/2</u> 0/9701002014	
CITY-ST-ZIP	,		5.4 CITY	- \$1 - Z(P	***173.7S		
TITLE		DELETE	6.1 THTL	•	-	Chayge	Addition
NAME			6.2 NAM	E		( )	/\
STREET ADDRESS			6.3 STRE	ET ADDRESS		77	/// /
CITY-ST-ZIP			6.4 CITY	-ST-ZIP		<i>\(\lambda\)</i>	7 ×

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 logal 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.

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