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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000069073 (0)

TARJ. INC.

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## FILED Mar 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 08/20/1996 FEI Number Applied For **NOT APPLICABLE** Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country Zin Country Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes No No 30 Personal Property Tax due June 30. 25 29 Name and Address of Current Registered Agent Name and Address of New Registered Agent JOHNSON, DONALD R 81 Name 4140 CATHERINE COURT 82 Street Address (P.O. Box Number is Not Acceptable) CALLAHAN FL 32209 83 84 City 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PDT Addition TITi F DELET**e** Change 1.1 TITLE JOHNSON, DONALD R NAME 1.2 NAME 4140 CATHERINE COURT STREET ADDRESS 1.3 STREET ADDRESS **CALLAHAN FL 32209** CITY-ST-ZIP 1.4 CITY-ST-ZIP DS Change Addition DELETE TITLE 2.1 TITLE JOHNSON, PATRICIA L 2.2 NAME 4140 CATHERINE COURT STREET ADDRESS 2.3 STREET ADDRESS **CALLAHAN FL 32209** 2 4 CITY+ST-ZIP CITY-ST-ZIP □ DELETE Change Addition 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP □ DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 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 13 if changed, or on an attachment with an address.

CICNIATUDE.

Arueld R D.

3/1/98

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