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Feb 10 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 # P96000069233 (0)

1. Corporation Name
J.B.J. EXCLUSIVE RENOVATIONS, INC.

Principal Place of Business
1311 DRUID ROAD SOUTH
BELLEAIR FL 34616

Mailing Address
1311 DRUID ROAD SOUTH
BELLEAIR FL 34616-1921



2. Principal Place of Business

21 811 Bayview Dr.

Suite, Apt. #, etc.

22

City & State

23 Belleair, FL

Zip Country

24 34616 25 U.S.A.

2a. Mailing Address

26 811 Bayview Dr.

Suite, Apt. #, etc.

27

City & State

28 Belleair, FL

Zip Country

29 34616 30 U.S.A.

3. Date Incorporated or Qualified
08/14/1996

3a. Date of Last Report
1st Report

4. FEI Number

59-3407834

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

MACPHERSON, GILBERT P P.A.
1822 DREW STREET
SUITE 8
CLEARWATER FL 34625

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME JENNINGS, JEFFREY ALAN
STREET ADDRESS 1311 DRUID ROAD SO.
CITY-ST-ZIP BELLEAIR FL 34616

TITLE D
NAME JENNINGS, MARY MALINDA
STREET ADDRESS 1311 DRUID ROAD SO.
CITY-ST-ZIP BELLEAIR FL 34616

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 811 Bayview Dr.
1.4 CITY-ST-ZIP Belleair, FL 34616

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 811 Bayview Dr.
2.4 CITY-ST-ZIP Belleair, FL 34616

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

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: Mary M. Jennings Mary M. Jennings 1/30/97 813-585-0558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)