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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P96000069233 (0)

J.B.J. EXCLUSIVE RENOVATIONS, INC.

Principal Place of Business Mailing Address 811 BAYVIEW DR 811 BAYVIEW DR **BELLEAIR FL 34616** BELAIR FL 34616

FILED May 13 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/14/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 21 59-3407834 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intanoible 24 25 30 Personal Property Tax due June 30. Yes (9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MACPHERSON, GILBERT P P.A. **1822 DREW STREET** Street Address (P.O. Box Number is Not Acceptable) **SUITE 8** 83 **CLEARWATER FL 34625** 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. It hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered grant and the if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 11 TITLE Change JENNINGS, JEFFREY ALAN NAME 1.2 NAME 811 BAYVIEW DR STREET ADDRESS 1.3 STREET ADDRESS BELLAIR FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE Change Addition 2.1 TITLE JENNINGS, MARY MALINDA NAME 2.2 NAME 811 BAYVIEW DR STREET ADDRESS 2.3 STREET ADDRESS BELLEAIR FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 T(T) £ NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 41 TITLE ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE □ DELETE 6.1 TITLE Change Addition NAME **6.2 NAME 6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 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 suppliemental 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: