5-6-97 B-6442 C

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # **P96000090210 (1)**

1. Corporation Name
T J C ENTERPRIZES, INC.

Principal Place of Business	Mailing Address
722 LAUREL WAY CASSELBERRY FL 32707	722 LAUREL WAY CASSELBERRY FL 32707-4845

2. Principal Place of Business
21 6525 Hwy 17-92
Suite, Apt. #, etc.
22
City & State
23 Fern Park FL
Zip 24
Country 25 Seminole

2a. Mailing Address
26 722 LAUREL WAY
Suite, Apt. #, etc.
27
City & State
28 Casselberry FL
Zip 29 32707
Country 30 Seminole

3. Date Incorporated or Qualified: **11/04/1996**
3a. Date of Last Report: N/A
4. FEI Number: 59-3407643 — [ ] 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

MCDONALD, THOMAS L
722 LAUREL WAY
CASSELBERRY FL 32707

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 Thomas L McDonald, President — 4.27.97
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	[ ] DELETE	1.1 TITLE		[ ] Change [ ] Addition
NAME	CHARLOTTE MCDONALD		1.2 NAME		
STREET ADDRESS	722 LAUREL WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL 32707		1.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	2.1 TITLE		[ ] Change [ ] Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	3.1 TITLE		[ ] Change [ ] Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	4.1 TITLE		[ ] Change [ ] Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME			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		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Thomas L McDonald — 4.27.97 407.260.8404