

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000090210 (1)

1. Corporation Name

T J C ENTERPRISES, INC.

Principal Place of Business

6525 HWY 17-02  
FERN PARK FL 32707  
US

Mailing Address

722 LAUREL WAY  
CASSELBERRY FL 32707  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30 Country

9. Name and Address of Current Registered Agent

MCDONALD, THOMAS L  
722 LAUREL WAY  
CASSELBERRY FL 32707

3. Date Incorporated or Qualified

11/04/1996

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.  Yes  No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 *Charlotte A. McDonald*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-15-98

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------|---|--|
| TITLE                      | VP                  | <input type="checkbox"/> DELETE                       | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition          |
| NAME                       | MCDONALD, CHARLOTTE |   | 1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| STREET ADDRESS             | 722 LAUREL WAY      |   | 1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP                | CASSELBERRY FL      |   | 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE                      |                     | <input type="checkbox"/> DELETE                       | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition          |
| NAME                       |                     |   | 2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| STREET ADDRESS             |                     |   | 2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP                |                     |   | 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE                      |                     | <input type="checkbox"/> DELETE                       | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition          |
| NAME                       |                     |   | 3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| STREET ADDRESS             |                     |   | 3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP                |                     |   | 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE                      |                     | <input type="checkbox"/> DELETE                       | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition          |
| NAME                       |                     |   | 4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| STREET ADDRESS             |                     |   | 4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP                |                     |   | 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE                      |                     | <input type="checkbox"/> DELETE                       | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition          |
| NAME                       |                     |   | 5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| STREET ADDRESS             |                     |   | 5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP                |                     |   | 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition    |
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| NAME                       |                     |   | 6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| STREET ADDRESS             |                     |   | 6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP                |                     |   | 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition    |

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charlotte A. McDonald*

3-15-98

407-095-1039

CR2E034 (1097)