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

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1997 8:00am

Secretary of State

892-1476

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000098442 (2)

J.G.C.J. CORP. Principal Place of Business Mailing Address 1390 WINDWARD LA 1380 WINDWARD LA NICEVILLE FL 32578 NICEVILLE FL 32578-4334 3. Date Incorporated or Qualified 3a. Date of Last Report 12/05/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 Fee Required City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Ζıp Country 8. This corporation has liability for intangible tax under s. 199,032, ☐ Yes ☐ No 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **GUIDA, JIM** 1390 WINDWARD LA 82 Street Address (P.O. Box Number is Not Acceptable) **NICEVILLE FL 32578** 83 84 City Zip Code and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered aligns of, Section 607.0505, Florida Statutes. Pursuant to the proffice or registere agent. I am famit SIGNATURE (NOTE Registered Agent sugesture required when reinstating) ERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition DELETE Change TITLE 1.1 MILE NAME 1.2 NAME 1. Gruida STREET ADDRESS 1.3 STREET ADDRESS 1390 WINDHAW LANG CITY-ST-ZIP 14 CHY - ST - ZIP NICEVILLE, FL 3257+ TITLE DELETE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHY-ST-74P DELLTE Change Addition TITLE 31 THILE NAME 3.2 NAM STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - \$1 - ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CH1Y - S1 - 7IP DELETE Addition TITLE 5 1 HILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY- \$1 - 7/P DELETE Change Addition TITLE 6.1 TITLE NAME **6.2 NAME** STREET ADDRESS **G.3 STREET ADDRESS** 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