

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90164 043 ***150.00

DOCUMENT # **P97000014739**

1. Corporation Name
T.J.T.S. ENTERPRISES, INC.



Principal Place of Business

6731-11
JACKSONVILLE FL 32205
US

Mailing Address

P O BOX 6457
JACKSONVILLE FL 32236
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/14/1997

4. FEI Number

59-3442794

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD
NAME HAWK, SHAROLYN M
STREET ADDRESS 6680 103RD STREET
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE STD
NAME NEWTON, TINA
STREET ADDRESS 6680 103RD STREET
CITY-ST-ZIP JACKSONVILLE FL 32210

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 ☐ Change ☒ Addition

1.1 TITLE V.P.
1.2 NAME HAWK, DAVID
1.3 STREET ADDRESS 1140 LODESTAR
1.4 CITY-ST-ZIP HOLIDAY, FL 34690

2.1 TITLE V.P.
2.2 NAME JAMES FISHER
2.3 STREET ADDRESS 12603 PLUMMER GRANT RD
2.4 CITY-ST-ZIP JACKSONVILLE FL 32258

3.1 TITLE SER
3.2 NAME LISA ANN FISHER
3.3 STREET ADDRESS 12603 PLUMMER GRANT RD
3.4 CITY-ST-ZIP JACKSONVILLE FL 32258

4.1 TITLE TREAS.
4.2 NAME AMANDA LYN HAWK
4.3 STREET ADDRESS 4730-2 SAN JOSE MANOR DR. W.
4.4 CITY-ST-ZIP JACKSONVILLE FL 32217

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)