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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000053617 (1)

TJP CORPORATION

Principal Place of Business

Mailing Address

FILED Apr 28 1998 8:00am Secretary of State



1200 S. OCEAN BLVD., APT. 88 1200 S. OCEAN BLVD., APT. 8B **BOCA RATON FL 33432 BOCA RATON FL 33432** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>06/17/1997</u> Applied For 7644610 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent PRYOR, THAD 1200 S. OCEAN BLVD., APT. 8B **BOCA RATON FL 33432** 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 optigations of Section 607.0505. Florida Statutes. SIGNATURE t when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. DELETE Change TITLE 1.1 TITLE NAME PRYOR, THAD 1.2 NAME 1200 S. OCEAN BLVD., APT. 8B STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE _ Uhange Addition TITLE 2.1 TITLE PRYOR, ANTHONY 2.2 NAME 1200 S. OCEAN BLVD., APT 8 STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL 33432** CITY-ST-ZIP 2 4 CHY-ST-7IP DELETE TITLE L Addition 3.1 TITLE QUEEN, TONITA 3.2 NAME STREET ADDRESS 1200 S. OCEAN BLVD., APT. 8B 3.3 STREET ADDRESS BOCA RATON FL 33432 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIF 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 effective mental and 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 effective mental trustee.