


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

FILED
Aug 06, 1999 8:00 am
Secretary of State

08-06-1999 90007 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **PA7000066422**

1. Corporation Name
PB & J Properties, Inc.

Principal Place of Business
**P.O. Box 16053
 Jacksonville Beach,
 FL 32246**

Mailing Address
**P.O. Box 16053
 Jacksonville Beach,
 FL 32246**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
7/31/97

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

4. FEI Number
59-3464444

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
**Sanchez-Aballi, Rafael J Esq.
 200 South Biscayne Blvd, Ste 800
 Miami, FL 33131**

10. Name and Address of New Registered Agent

81 Name **Koko Head**

82 Street Address (P.O. Box Number is Not Acceptable)
2970 Hartley Rd, Suite 104

83

84 City **JACKSONVILLE** FL 85 Zip Code **32257**

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 **Koko Head** **Koko Head** **4/21/99**
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 D, VPST	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Dan Lofton		1.2 NAME
STREET ADDRESS 410 S. 4th St.		1.3 STREET ADDRESS
CITY-STATE-ZIP JACKSONVILLE BEACH, FL 32250		1.4 CITY-STATE-ZIP
TITLE DP	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Joe Peters		2.2 NAME
STREET ADDRESS 410 S. 4th St.		2.3 STREET ADDRESS
CITY-STATE-ZIP JACKSONVILLE, FL 32250		2.4 CITY-STATE-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP

VP/ST

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 **Dan Lofton** **4/21/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/199)

P97000066422
602312-90007-35

PB&J PROPERTIES, INC.

P.O. BOX 16053

JACKSONVILLE BEACH, FLORIDA 32246

July 28, 1999

Division of Corporations

Annual Report

P.O. Box 1500

Tallahassee, FL 32302-1500

RE: PB&J Properties, Inc.
P97000066422

Dear Sir:

I received a notice from the state saying the above corporation has not filed the annual corporation report for 1999. After researching this matter, I mailed the corporation annual report for 1999 on April 21, 1999. I have attached a copy of the form showing that it was completed and signed on April 21, 1999. The check sent with the form for \$150.00 has not cleared my bank account thus far. I can only assume that the form and the check have been lost in the mail.

I am requesting the state to abate the penalty of \$400.00 and except a copy of the original annual report and another check for \$150.00 for the fee because of the original being lost in the mail.

Your immediate attention to this matter is greatly appreciated.

Sincerely,


Dan Lofton

enclosures