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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000086389 (8)

FILED Feb 20 1998 8:00am Secretary of State

| D, J & | J ENTERPRISES, INC. | | | | | | | |
|---|---|-------------------------------|--|---|--|--|------------------|--|
| Principal Plac | e of Business | Mailing Address | | | | -{ | 1981 | |
| 8401 9TH ST., N., STE. 8380 8401 9TH ST., N., | | | 8380 | | | | | |
| ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702 | | | | | | DO 1107 14/0/75 IN THIS OD 105 | | |
| | | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | 3, Date Incorporated or Qualified | | |
| 2. Principal Place of Business 2a, Mailing Add | | | | | | 10/07/1997 4. FEI Number Apolied | I Far | |
| 21 | | 2a. Mailing Address | | | " ara ar | olicable | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | - \$2.75 Addit | | | |
| 22 | | 27 | | | 5. Certificate of Status Desired Fee Require | | | |
| City & State | | City & State | | | 6. Election Campaign Financing \$5.00 May | Re | | |
| 23 | | 28 | | | Trust Fund Contribution Added to Fe | | | |
| Zip | Country | Zip | Col | untry | | 8. This corporation owes or has paid the current year Intangit | ole | |
| 24 | 25 | 29 | 30 | _ | | Personal Property Tax due June 30. Yes No | | |
| | g. Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered Agent | | |
| DUPUY, PALMORE R | | | | 81 | Name | | | |
| 8401 9TH ST., N., STE. 8380 | | | | 82 | Street Addre | ddress (P.O. Box Number is Not Acceptable) | | |
| ST. | PETERSBURG FL 33702 | | | | | | | |
| | | | | 83 | | | | |
| | | | | 84 | City | 85 Zip Code | | |
| | | | | | - | FL | | |
| Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab office or registered agent, or both, in the State of Florida. Such change was authorized | | | | | -named corporation | pration submits this statement for the purpose of changing its reg | istered tered | |
| agent. I a | m familiar with, and accept the obliga | tions of, Section 607.0505, F | lorida Sta | tutes | | or a board or directors. Frioreby accept the appointment as region | iciou | |
| SIGNATURE | | | | | | | | |
| | Signature, typed or printed name of registered ager | | | d Ager | nt eignature require | | 40 | |
| 12. | OFFICERS AND | DIRECTORS 13. | | TIE | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change | Addition . | |
| NAME | PACZYNSKI, JOHN | | | | | C onange C | , and an in | |
| | 10755 49TH ST., N. | | 1.2 NAME 1.3 STREE | | 1000ECC | | - ! | |
| STREET ADORESS | CLEARWATER FL 34622 | | 1.3 STREET | | · · · · · · | | | |
| CITY-ST-ZIP TITLE | V | DELETE | 2.1 1 | | -217 | ☐ Change | Addition | |
| NAME | EXDSCHUN, JOHN | <u> </u> | 1 | | } | | } | |
| STREET ADDRESS | 700 TALLAHASSEE DR. | | 2.2 NAME 2.3 STREET | | VDUBECC | .ec | | |
| | ST. PETERSBURG FL 33702 | | | ITY-SI | · | | - [| |
| CITY-ST-ZIP TITLE | | | 3.1 TI | | 1 - EII | Change | Addition | |
| NAME | DUPUY, PALMORE R | _ - | 3.2 NAME | | | | | |
| STREET ADDRESS | | | 3.2 N | AME | ļ | | ľ | |
| | 674 RIVIERA BAY DR. NE | | | | ADDRESS | L. Onange L. | | |
| CITY-ST-7IP | 674 RIVIERA BAY DR. NE ST. PETERSBURG FL 33702 | | 3.3 51 | TREET A | ADDRESS I - ZIP | L. Ollarige L. | | |
| CITY-ST-ZIP TITLE | 674 RIMERA BAY DR. NE ST. PETERSBURG FL 33702 | DELETE | 3.3 51 | TREET # |) | | Addition | |
| TITLE | | ☐ DELE TE | 3.3 ST 3.4. C | TREET A |) | | Addition | |
| | | ☐ DELETE | 3.3 ST 3.4. C 4.1 TI 4. 2 N | TREET A CITY - ST TLE IAME |) | | Addition | |
| TITLE NAME | | ☐ DELETÉ | 3.3 S1 3.4. C 4.1 TI 4. 2 N 4.3 S1 | TREET A CITY - ST TLE IAME | T-ZIP ADDRESS | | Addition | |
| TITLE NAME STREET ADDRESS | | ☐ DELETE | 3.3 S1 3.4. C 4.1 TI 4. 2 N 4.3 S1 | TREET A CITY-ST TLE IAME TREET A ITY-ST | T-ZIP ADDRESS | ☐ Change ☐ | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | 3.3 S1 3.4. C 4.1 TI 4. 2 N 4.3 S1 4.4 CI | TREET A CITY-SI TLE JAME TREET A ITY-SI TLE | T-ZIP ADDRESS | ☐ Change ☐ | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | 3.3 SI 3.4 C 4.1 TI 4. 2 N 4.3 SI 4.4 CI 5.1 TI 5.2 N | TREET A CITY-SI TLE JAME TREET A ITY-SI TLE AME | T-ZIP ADDRESS | ☐ Change ☐ | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | | | 3.3 SI 3.4 C 4.1 TI 4. 2 N 4.3 SI 4.4 CI 5.1 TI 5.2 NJ 5.3 SI | TREET A CITY-SI TLE JAME TREET A ITY-SI TLE AME | T - ZIP ADDRESS - ZIP ADDRESS | ☐ Change ☐ | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | 3.3 SI 3.4 C 4.1 TI 4. 2 N 4.3 SI 4.4 CI 5.1 TI 5.2 NJ 5.3 SI | TREET A CITY-SI TLE TREET A ITY-SI TLE AME TREET A | T - ZIP ADDRESS - ZIP ADDRESS | Change Change | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ DELETE | 3.3 S1 3.4 C 4.1 TI 4.2 N 4.3 S1 5.1 TI 5.2 N 5.3 S1 5.4 CI | TREET A CITY-SI TLE IAME TREET A ITY-SI TLE AME TREET A ITY-SI | T - ZIP ADDRESS - ZIP ADDRESS | Change Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | ☐ DELETE | 3.3 S1 3.4 C 4.1 TI 4.2 N 4.3 S1 4.4 CI 5.1 TI 5.2 NJ 5.3 S1 5.4 CI 6.1 TI 6.2 NJ | TREET A TITLE IAME TREET A TITLE AME TREET A TY-ST TLE AME | T - ZIP ADDRESS - ZIP ADDRESS | Change Change | 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.

PALMANNER DUPUY 2/18/20 (012) (012)