

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
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90075 006 ***150.00

DOCUMENT # P98000013335

1. Corporation Name

LJA, INC.

Principal Place of Business

2546 W SCARLET OAK CT
SARASOTA FL 34232

Mailing Address

2546 W SCARLET OAK CT
SARASOTA FL 34232

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1998

4. FEI Number

59-3490 845

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

2. Principal Place of Business

21 252C US 41 BYPASS

2a. Mailing Address

26 2546 W. SCARLET OAK CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 VENICE, FL.

27 SARASOTA, FL.

City & State

City & State

23 34292 USA

28 34232 USA

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

STEPHEN F. VOIGT, P.A.
2414 BEE RIDGE RD
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name

CHARLES HINES, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

1000 AVENIDA DEL CIRCO

83

1000 AVENIDA DEL CIRCO

84 City

VENICE

85

Zip Code

FL

34285

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

CHARLES HINES

4/29/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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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

1.1 TITLE

PRESIDENT

☐ Change

☒ Addition

1.2 NAME

JACKSON W. SMITH

1.3 STREET ADDRESS

2546 W. SCARLETT OAK CT.

1.4 CITY-ST-ZIP

SARASOTA, FL. 34232

2.1 TITLE

SECRETARY

☐ Change

☒ Addition

2.2 NAME

LISA J. WEINMANN

2.3 STREET ADDRESS

2546 W. SCARLETT OAK CT.

2.4 CITY-ST-ZIP

SARASOTA, FL. 34232

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

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:

JACKSON W. SMITH, PRESIDENT 4/29/99 941-488-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)