

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90039 024 ***150.00

DOCUMENT # P98000027879

1. Entity Name

C. J. GUPTON, INC.



Principal Place of Business

11127 LEM TURNER ROAD
JACKSONVILLE FL 32218

Mailing Address

11127 LEM TURNER ROAD
JACKSONVILLE FL 32218

94014227



MOORE CR2E034 (11/03)

2. Principal Place of Business

10420 LEM TURNER RD

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32218

Country

DUVAL

Zip

32218

Country

USA

4. FEI Number

59-3501998

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLE, JANICE
11127 LEM TURNER ROAD
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

Name

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

10420 LEM TURNER RD

City

JACKSONVILLE

FL

Zip Code

32218

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GUPTON, CAROLYN J	
STREET ADDRESS	11127 LEM TURNER ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COLE, JANICE	
STREET ADDRESS	1127 LEM TURNER RD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	S	<input type="checkbox"/> Delete
NAME	COOK, ISOLDE	
STREET ADDRESS	11127 LEM TURNER	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUPTON, CAROLYN J.	
STREET ADDRESS	10420 LEM TURNER RD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE JANICE	
STREET ADDRESS	10420 LEM TURNER RD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	SECT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSON, ISOLDE	
STREET ADDRESS	10420 LEM TURNER RD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	TRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DU BOIS, TAMMY	
STREET ADDRESS	10420 LEM TURNER RD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 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 #

2-5-04 904-764-2456