

00 OCT 25 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000058798

1. Entity Name
CIRCLE J ENTERPRISES, INC.Principal Place of Business Mailing Address
2326 COVINGTON CREEK CIRCLE W. SAME
JACKSONVILLE, FL 322242. Principal Place of Business
ABOVE3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3586532

Applied For

Not Applicable

Zip

Country

DUVAL

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAM JACKMORE
2326 COVINGTON CREEK CIRCLE W.
JACKSONVILLE, FL 32224Name
EVELYN JACKMORE

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

2326 COVINGTON CREEK CIRCLE W.

City JACKSONVILLE,

FL

Zip Code
32224

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.

SIGNATURE *Evelyn Jackmore*

EVELYN JACKMORE, PRESIDENT

10/24/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PRESIDENT
WILLIAM JACKMORE
2326 COVINGTON CREEK CIR. W.
JACKSONVILLE, FL 32224 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PRESIDENT
EVELYN JACKMORE
2326 COVINGTON CREEK CIR. W.
JACKSONVILLE, FL 32224 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VICE PRESIDENT
SCOTT B. JACKMORE
3277 ABBEY FIELD DR. EAST
JACKSONVILLE, FL 32217 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
7000003483617-4
-12/01/00--01084--008
*****61.25 *****61.25
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Evelyn Jackmore*

EVELYN JACKMORE, PRESIDENT

10/24/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date of Filing

CR2E034 (9/99)