

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

FILED

**Jan 23 1997 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # S99854 (9)
 1. Corporation Name
FLORIDA J & B ENTERPRISES, INC.



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|---|--|
| Principal Place of Business 6058 WATERWOOD PATH BARTOW FL 33830 | Mailing Address 6058 WATERWOOD PATH BARTOW FL 33830-9787 |
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|--|--|
| 3. Date Incorporated or Qualified 12/12/1991 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-3097766 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | | | | | |
|---|-----------|-----------|-----------|--|--|---------|--|--|--|--|--|
| 21 2. Principal Place of Business | | | | 2a. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | | | |
| 22 City & State | | | | 27 City & State | | | | | | | |
| 23 Zip | | Country | | 28 Zip | | Country | | | | | |
| 24 | 25 | 29 | 30 | 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| WOLFE, HAROLD E JR. 2300 PALM BEACH LAKES BLVD. EXECUTIVE CENTRE, SUITE 302 WEST PALM BEACH FL 33409 | | | | | | | | 81 Name | | | |
| | | | | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | | | | | 83 | | | |
| | | | | | | | | 84 City | | | |

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 _____
 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 <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORGAN, JIM L. | 1.2 NAME | |
| STREET ADDRESS | 6058 WATERWOOD PATH | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | BARTOW FL | 1.4 CITY - ST - ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORGAN, BONNIE E | 2.2 NAME | |
| STREET ADDRESS | 6058 WATERWOOD PATH | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | BARTOW FL 33383-0 | 2.4 CITY - ST - 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 - ST - ZIP | | 3.4 CITY - ST - 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 - ST - ZIP | | 4.4 CITY - ST - 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 - ST - ZIP | | 5.4 CITY - ST - 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 - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do 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.

SIGNATURE: *Bonnie Morgan* **BONNIE MORGAN** Sec 1-15-97 941-644-6884
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)