

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mayaram
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V40273

(7)

1. Corporation Name

CJ'S FEED-N-STUFF, INC.

Principal Place of Business

1919 COURTNEY DR. #5
FT. MYERS FL 33901

Mailing Address

1919 COURTNEY DR. #5
FT. MYERS FL 33901

FILED

95 MAY -1 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001481216

-05/09/95--01107--013

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0337433

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 has liability for intangible tax under § 199.002,

Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

County

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

County

30

9. Name and Address of Current Registered Agent

JONES, CATHY
1919 COURTNEY DRIVE, #5
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 of Agent or Director (Name of Registered Agent and Title of Corporation)

Signature of Registered Agent (Signature Required after Amendment)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	D JONES, CATHY
2. ADDRESS	1919 COURTNEY DR., #5
3. CITY, ST, ZIP	FT. MYERS FL
4. TITLE	
5. NAME	
6. ADDRESS	
7. CITY, ST, ZIP	
8. TITLE	
9. NAME	
10. ADDRESS	
11. CITY, ST, ZIP	
12. TITLE	
13. NAME	
14. ADDRESS	
15. CITY, ST, ZIP	
16. TITLE	
17. NAME	
18. ADDRESS	
19. CITY, ST, ZIP	
20. TITLE	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 as an attachment with no address.

SIGNATURE:

SIGNATURE AND TITLE OF PERSON OR FIRM ON BEHALF OF REGISTERED AGENT OR DIRECTOR

4/26/95

813 267
3464