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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V54673

(1)

J & J ASSOCIATES OF NORTH FLORIDA, INC.

FILED May 11 1998 8:00am Secretary of State



]									
Principal Plac	e of Business	Mailing A	ddress				ABIN DIDIN DIDIN B	.IEII 8[3] IE8	
14444 BEACH BLVD 3943 CHICORA WOOD PLACE									
1 18 JACKSONVILLE FL 32224									
JACKBONVILLE FL 32250						DO NOT WRITE IN THIS SPACE			
00						3. Date Incorporated or Qualified 07/31/1992			
2. Principal F	Place of Business	2a. Mailin	g Address			4. FEI Number	Α	Applied For	1
21		26				<u>59-3140823</u>		lot Applicable	,]
Sulte, Apt.	#, etc.	Suite,	Apt. #, etc.		٠	5. Certificate of Status Desired		Additional Regulred	
City & Stat	e	1	City & State			Election Campaign Financing Trust Fund Contribution		May Be	1
Zip	Country		Zip Country			Trust Fund Contribution			
24	<u>} </u>			30		Personal Property Tax due June 30. Yes No			
=-1	9. Name and Address of Curre		gent	-		10. Name and Address of New Registere			┨
Bl	JSCHMAN, ALBERT E			8	1 Name				7
	15 S. THIRD STREET			جا ا					╛
SUITE 101				8	Street A	Address (P.O. Box Number is Not Acceptable)			
j JA	CKSONVILLE BEACH FL 32250)		8:	3		***		1
				-			1:-1 -		4
				8	4 City	F	L 65 Zip	Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508	3, Florida Statuto:	s, the abo	ve-named o	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ag	of changing	its registered	┨
egent. La	registered agent, or both, in the Stat im familiar with, and accept the obli	te of Florida. Suc dations of, Sectio	h change was au in 607.0505. Flor	uthorized t ida Statuti	by the corp as.	oration's board of directors. I hereby accept the ap-	pointment as	s registered	
SIGNATURE	,	5							
	Signature, typed or printed name of registered a		olo (NOTE:		gent signature (required when reinstating) DATE			_ F
12.	OFFICERS AI	ND DIRECTORS	T belete	13.	···· · ··· ·	ADDITIONS/CHANGES TO OFFICERS AT			ٷؚٳ؞
TITLE	KENNY, JOHN T.		DELETE	1.1 TITLE			☐ Change	Addition	1
NAME	6049 CHICODA WOOD DI ACE			1.2 NAME					Š
STREET ADDRESS	JACKSONVILLE FL	OL.			T ADDRESS				Ď
CITY+ST-ZIP TITLE	D		DELETE	1.4 CITY-	ST-ZIP			1 (320)	٠į
NAME	KENNY, JANE		C) WILL	2.1 TITLE 2.2 NAME			Change	Addition	ľ
STREET ADORESS	3943 CHICORA WOOD PLA	CE							
CITY+ST-ZIP	JACKSONVILLE FL			1	T ADDRESS				
TITLE		· · · · · · · · · · · · · · · · · · ·	DELETE	2. 4 CITY 3.1 TITLE	- 51 - ZIP		Change	Addition	-
NAME				3.2 NAME			- Stange		
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP				3.4. CITY					
TITLE		·· ···································	DELETE	4.1 TITLE			Change	Addition	1
NAME				4.2 NAM	:				
STREET ADDRESS				4.3 STREE	T ADDRESS				
CITY-ST-ZIP				4.4 CiTY-					
TITLE			DELETE	5.1 TITLE			Change	☐ Addition	1
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREE	T ADDRESS				
CITY-ST-ZIP				5.4 CITY-	ST - ZIP				
TITLE			DELETE	6.1 TITLE			Change	☐ Addition	1
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREE	T ADDRESS				-
CITY-ST-ZIP				6.4 CITY-	S1-2IP				
THE I BAZABU A	actifut that the information available	with this tities do.	on and qualify for	the even		1 - C4 440 07/0\()\ E(1- 0-4 4 161-			1

I nereby 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 option 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 of all attachment with an address.