

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 SEP -3 AM 8:48

SECRETARY OF STATE



DOCUMENT # V57649 (8)

1. Corporation Name

T. J. F. & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

P O BOX 26913
JACKSONVILLE FL 32226
US

P O BOX 26913
JACKSONVILLE FL 32226
US

3. Date Incorporated or Qualified

08/14/1992

3a. Date of Last Report

06/28/1995

2. Principal Place of Business

21 3640-1 NEWCOMB RD

2a. Mailing Address

26 Suite, Apt #, etc

22 Suite, Apt #, etc

27 Suite, Apt #, etc

23 City & State

28 City & State

23 JACKSONVILLE 71

28 JACKSONVILLE 71

24 Zip

29 Zip

24 32218

29 32218

25 DUVAL

30 DUVAL

4. FEI Number

59-3137367

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐

Yes

☒

No

10. Name and Address of New Registered Agent

81 Name

JOHN F. THIBAUT

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

3640-1 NEWCOMB RD

83 City

JACKSONVILLE

84 State

FL

85 Zip Code

32218

FITZMARTIN, THOMAS J.
2373 EGREMONT DRIVE
ORANGE PARK FL 32073

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 JOHN F. THIBAUT

Signature of the person in charge of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input checked="" type="checkbox"/> DELETE
NAME	KUMM, LAWRENCE WILLI	
STREET ADDRESS	3640 NEWCOMB RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PST	<input checked="" type="checkbox"/> DELETE
NAME	FITZMARTIN, THOMAS J.	
STREET ADDRESS	2373 EGREMONT DRIVE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	JOHN F. THIBAUT	
13 STREET ADDRESS	3640-1 NEWCOMB RD	
14 CITY-ST-ZIP	JACKSONVILLE, 71-32229 32218	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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***225.00 ***225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exempt on stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE JOHN F. THIBAUT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN F. THIBAUT

9/7/96

CR2E034 (3/96)