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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **V62283**

1. Corporation Name

P J A ENTERPRISES, INC.

Principal Place of Business Mailing Address								
2812 B RECKER HWY WINTER HAVEN FL 33880		2812 B RECKER HWY WINTER HAVEN FL 33880						
US		US				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 08/28/1992		
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For		
21		26				59-3141983 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional			
22		27				5. Certificate of Status Desired  Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible		
24	25	29	30			Personal Property Tax.		
	9. Name and Address of Curre	int Registered Agent		81	Name	10. Name and Address of New Registered Agent		
KNAPP, STEPHEN M.				"	Maine			
5417 S FLORIDA AVE				82 Street Address (P.O. Box Number is Not Acceptable)				
LAKELAND FL 33813				83				
Date	EDAND IE GOOTG			83				
				84	City	FL 85 Zip Code		
		Loop 4500 El : L. Ovek		Ш		corporation submits this statement for the purpose of changing its registered		
office or r	registered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. Such change was a	utnonzeo	ו עם נ	ine corpor	oration's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Signature, typed or printed name of registered as	jent and title if applicable. (NOTE	: Registered	Agent	signature rec	equired when reinstating) DATE		
12.		ND DIRECTORS	13.		· ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TI	TLE		Change Addition		
NAME	AMMANNATI, PAUL		1.2 N	AME				
STREET ADDRESS	2812 B RECKER HWY		1.3 \$1	REET	ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CI	TY-ST	- ZIP			
TITLE	D.	☐ DELETE	2.1 TI	TLE	1	☐ Change ☐ Addition		
NAME	AMMANNATI, JULIE		2.2 N	AME				
STREET ADDRESS	2812 B RECKER HWY		2.3 S	TREET	ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL		2.40	ITY-S	T-ZIP			
TITLE		☐ DELETE	3.1 TI	TLE		☐ Change ☐ Additio		
NAME			3.2 N	AME	}			
STREET ADDRESS	i		3.3 S	REET	ADDRESS			
CITY-ST-ZIP				ITY-S	T-ZIP			
TITLE		☐ DELETÉ	4.1 T			☐ Change ☐ Additio		
NAME			4.2 N					
STREET ADDRESS			4.3 S	TREET	ADDRESS			
CITY-ST-ZIP				TY-ST	-ZIP	☐ Change ☐ Additio		
TITLE .	,	☐ DELETE	5.1 TI					
NAME	· · · · · · · · · · · · · · · · · · ·		5.2 N					
STREET ADDRESS	,		1		ADDRESS			
CITY-ST-ZIP	<u> </u>			TY-ST	-ZIP	☐ Change ☐ Additio		
TITLE		☐ DELETE	6.1 TI			☐ Change ☐ Addiso		
NAME			62 N		1000-11			
STREET ADDRESS			6.3 S	IREET	ADDRESS			

14. 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 annual report or suppliemental 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 of 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 change of the corporation of the corpo

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90027 005 \*\*\*150.00