

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H15119** (1)

1. Corporation Name

R.J.B. ENTERPRISES, INC.



Principal Place of Business

P.O. BOX 328
MT. CLEMENS MI 48043
US

Mailing Address

P.O. BOX 328
MT CLEMENS MI 48043
US

2. Principal Place of Business

2a. Mailing Address

21 P O BOX 46620

26 P O BOX 46620

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

MT CLEMENS MI

MT CLEMENS MI

24 Zip Country

29 Zip Country

48046

48046

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/03/1984

3a. Date of Last Report
04/26/1995

4. FEI Number

59-2435616

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 s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

BIGGS, RAYMOND J.
12861 MARSH LANDING
PALM BEACH GARDENS, FL 33418

81 Name RAYMOND J BIGGS

82 Street Address (P.O. Box Number is Not Acceptable)
11421 OLD HARBOUR RD

83

84 City
NORTH PALM BEACH

FL

85 Zip Code
33408

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

Raymond J. Biggs

(Signature of Registered Agent must be printed below)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BIGGS, RAYMOND J.
STREET ADDRESS P.O. BOX 328 1 N MAIN N/A
CITY-ST-ZIP MT. CLEMENS MI

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE PD
2. NAME BIGGS, RAYMOND J
3. STREET ADDRESS P O BOX 46620
4. CITY-ST-ZIP MT CLEMENS MI 48046-6620

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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)(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 recorder 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Month/Year

4-16-96 (810)
4663305

CR2E034 (12/95)