

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # K38729 (5)**  
Corporation Name  
**BJO, INC.**



Principal Place of Business  
~~184 SE CENTERBOARD LN. QUART FL 34557~~  
*880 NE Jensen Bch Blvd Jensen Bch, FL 34957*

Mailing Address  
**880 NE JENSEN BCH. BLVD. JENSEN BCH. FL 34957 US**

26 Mailing Address  
27 Suite, Apt. #, etc.  
28 City & State  
29 Zip  
30 Country

3. Date Incorporated or Qualified **10/14/1988**  
3a. Date of Last Report **03/10/1995**  
4. FEI Number **65-0086029**  
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

9. Name and Address of Current Registered Agent  
**OSBORNE, BARBARA  
880 NE JENSEN BCH. BLVD.  
JENSEN BCH. FL 34957**

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 607.0572 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Secretary of State

12. OFFICERS AND DIRECTORS

11	<input type="checkbox"/> DELETE	D OSBORNE, BARBARA J. 880 NE JENSEN BCH. BLVD. JENSEN BCH. FL
12	<input type="checkbox"/> DELETE	
13	<input type="checkbox"/> DELETE	
14	<input type="checkbox"/> DELETE	
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16	<input type="checkbox"/> DELETE	
17	<input type="checkbox"/> DELETE	
18	<input type="checkbox"/> DELETE	
19	<input type="checkbox"/> DELETE	
20	<input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

21	<input type="checkbox"/> Change <input type="checkbox"/> Addition	11 TITLE
22	<input type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME
23	<input type="checkbox"/> Change <input type="checkbox"/> Addition	13 STREET ADDRESS
24	<input type="checkbox"/> Change <input type="checkbox"/> Addition	14 CITY - ST - ZIP
25	<input type="checkbox"/> Change <input type="checkbox"/> Addition	21 TITLE
26	<input type="checkbox"/> Change <input type="checkbox"/> Addition	22 NAME
27	<input type="checkbox"/> Change <input type="checkbox"/> Addition	23 STREET ADDRESS
28	<input type="checkbox"/> Change <input type="checkbox"/> Addition	24 CITY - ST - ZIP
29	<input type="checkbox"/> Change <input type="checkbox"/> Addition	31 TITLE
30	<input type="checkbox"/> Change <input type="checkbox"/> Addition	32 NAME
31	<input type="checkbox"/> Change <input type="checkbox"/> Addition	33 STREET ADDRESS
32	<input type="checkbox"/> Change <input type="checkbox"/> Addition	34 CITY - ST - ZIP
33	<input type="checkbox"/> Change <input type="checkbox"/> Addition	41 TITLE
34	<input type="checkbox"/> Change <input type="checkbox"/> Addition	42 NAME
35	<input type="checkbox"/> Change <input type="checkbox"/> Addition	43 STREET ADDRESS
36	<input type="checkbox"/> Change <input type="checkbox"/> Addition	44 CITY - ST - ZIP
37	<input type="checkbox"/> Change <input type="checkbox"/> Addition	51 TITLE
38	<input type="checkbox"/> Change <input type="checkbox"/> Addition	52 NAME
39	<input type="checkbox"/> Change <input type="checkbox"/> Addition	53 STREET ADDRESS
40	<input type="checkbox"/> Change <input type="checkbox"/> Addition	54 CITY - ST - ZIP
41	<input type="checkbox"/> Change <input type="checkbox"/> Addition	61 TITLE
42	<input type="checkbox"/> Change <input type="checkbox"/> Addition	62 NAME
43	<input type="checkbox"/> Change <input type="checkbox"/> Addition	63 STREET ADDRESS
44	<input type="checkbox"/> Change <input type="checkbox"/> Addition	64 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 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 or change 1, or on an attachment with an address.

SIGNATURE: *Barbara J. Osborne*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-96 407 334 7748  
Date Daytime Phone #

CR2E034 (12/95)