

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90140 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 666436

1. Corporation Name
 CLAUDE-BJ WILSON, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1435 HACKL BLVD, C/O CLAUDE E. WILSON, BARTOW FL 33830
 Mailing Address: 1435 HACKL BLVD, C/O CLAUDE E. WILSON, BARTOW FL 33830

3. Date Incorporated or Qualified: 04/11/1980
 4. FEI Number: 59-2003514
 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 owes the current year Intangible Personal Property Tax: [] Yes [] No

2. Principal Place of Business: 21 Suite, Apt. #, etc: 22 City & State: 23 Zip: 24 Country: 25
 2a. Mailing Address: 26 Suite, Apt. #, etc: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
 WILSON, CLAUDE E.
 1435 HACKL BLVD.
 BARTOW FL 33830

10. Name and Address of New Registered Agent
 81 Name: 82 Street Address (P O Box Number is Not Acceptable): 83 City: 84 State: FL 85 Zip Code

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: _____ (NOTE: Registered Agent signature required when changing registered office or registered agent.) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	WILSON, CLAUDE E.	
STREET ADDRESS	1435 HACKL BLVD.	
CITY-ST-ZIP	BARTOW FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILSON, BETTY JO	
STREET ADDRESS	1435 HACKL BLVD.	
CITY-ST-ZIP	BARTOW FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	FRENDAHL, SARA JANE	
STREET ADDRESS	3414 OAK TRAIL CT	
CITY-ST-ZIP	TAMPA, FLORIDA 00000	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
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	

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 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 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Claude E. Wilson 3-15-99 1-941-533-3587
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: CLAUDE E WILSON President

CR2E034 (1/1/98)