PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **F9600000300**1. Corporation Name

BJM FLORA-BAMA, INC.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90133 010 ***150.00



	e of Business	_	s			}			
440 CEDARS OF			440 CEDARS OF LEBANON						
JACKSON MS 39206		JACKSON MS 39206				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						01/17/1996			
2 Principal Pl	ace of Business	2a. Mailing Add	iress			4. FEI Number			Applied For
— '	ace of Dusiness	26	3,000			64-0869221			Not Applicable
Suite, Apt.	# atc	Suite, Apt.	# etc				.		Additional
	#, etc.	27	ir, 010.			5. Certifcate of Status Desired		-	Required
City & State	٥	City & State				6. Election Campaign Financing		\$5.0	0 May Be
		28	•			Trust Fund Contribution			d to Fees
Zip	Country	Zip		Country		8. This corporation owes the curr	ent vear Inta	ngible	
24	25	29	30	,		Personal Property Tax.	on your me	Yes	No
24	9. Name and Address of Curren					10. Name and Address of New I	Registered /	gent	
			·-	81	Name			_	
JACO	obs. Robert S Sr.								
5400	-305 EAGLES POINT CIRCLE		82 Stre			Iress (P.O. Box Number is Not Accepta	able)		1
SARASOTA FL 34231				83					
				84	City			85 Zi	p-Code -
				04	City		FL		/ 5533
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such cha	inge was authori	zed by	the corporat	poration submits this statement for the ion's board of directors. I hereby accept	purpose of on the purpoir	changing i tment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Registe	ered Agen	t signature require	ed when reinstating)	DATE		
12.		ID DIRECTORS	1	13.		ADDITIONS/CHANGES TO OF	FICERS AN	D DIREC	FORS IN 12
TITLE	CPST		DELETE 1.	.1 TITLE				☐ Chang	e
NAME	JACOBS, ROBERT S JR.		1	2 NAME					\ \ \
STREET ADDRESS	440 CEDARS OF LEBANON		1.	.3 STREET	ADDRESS				
CITY-ST-ZIP	JACKSON MS 39206		1.	4.01704.03					
TITLE	0,101100111110			4 UHT-5	r-zip				
NAME			DELETE 2	.4 CITY-S	r-zip			[] Chang	e Addition
10000					r-ZIP			Chang	e Addition
STREET ADDRESS			2.	.1 TITLE .2 NAME		3		[] Chang	e Addition
STREET ADDRESS			2	.1 TITLE .2 NAME .3 STREET	ADDRESS			Chang	e Addition
CITY-ST-ZIP			2 2 2	.1 TITLE .2 NAME .3 STREET . 4 CITY-S	ADDRESS			Chang	-
CITY-ST-ZIP TITLE			2. 2. 2. DELETE 3	.1 TITLE .2 NAME .3 STREET . 4 CITY-S .1 TITLE	ADDRESS			-	-
CITY-ST-ZIP TITLE NAME			2	.1 TITLE .2 NAME .3 STREET .4 CITY-S .1 TITLE .2 NAME	ADDRESS T-ZIP			-	-
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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 truetee 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:

NAME OF SIGNING OFFICER OR DIRECTOR