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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96788

1. Corporation Name

B. J. RANCH, INC.

SOLICIAN CIT P.O. BOX 38 P.O. BOX 38 P.O. SOX 38 SAFETY HARBOR FI. 34656 U.S.	Principal Place of Business Mailing Address					 			AND HALL NEWS OF			
P.O.BOX 388 US SAFETY MARBOR FL 34695 SAFETY MARBOR FL 34695 US SAFETY MARBOR FL 34695 SAFETY MARBOR FL 34695 SAFETY MARBOR FL 34695 SAFETY MARBOR FL 34695 US SAFETY MARBOR FL 34695 SAFETY MARBOR FL 34695 US SAFETY MARBOR FL 34695 SAFETY MARBOR FL 34695 US SAFETY MARBOR FL 34695 SAFETY MARBOR FL 34695 US SAFETY MARBOR FL 34695 SAFETY MARBOR FL 34792 SAFETY MARBOR FL 34695 SAFETY MARBOR FL 346965 SAFETY MARBOR FL 346965 SAFETY MARBOR FL 346965 SAFETY MARBOR FL 346966 SAFETY MARBOR FL 346966 SAFETY MARBOR FL 346966 SAFETY MARBOR FL 3469666 SAFETY MARBOR FL 346966 SAFETY MARBOR FL 3469666 SAFETY MARBOR FL 3469666 SAFETY MARBOR FL 34696666 SAFETY MARBOR FL 346966666666666666666666666666666666666												
US Description Descriptio		•										
2a. Mailing Address		PR FL 34695	SAFETY HARBOR FL 34695					DO NOT WRITE IN THIS SPACE				
Suite, Apt. ff. etc.	US		US	US								
Suite, Apt 8, etc. 20	2. Principal P	ace of Business	2a. Mailing Address	2a. Mailing Address				1. FEI Number			Appli	ed For
S. Cardicate of Status Desired Fee Required S. Sequired S. Sequi	21		26				59-2217649			Not A	pplicable	
City & State City & City & State City & City & State City & State City & State City & State City	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5	Certificate of Status Desired	П	•		
Zip	22			1 1				y. Certificate of Status Desired		Fee	Requ	ired
Addition	City & State	е	City & State			6	6. Election Campaign Financing	т	\$5.0)0 ма	ay Be	
25 29 30 Personal Property Tax Yes No	23		<u> </u>				Trust Fund Contribution	. u	Add	ed to F	ees	
S. Name and Address of Current Registered Agent CARLSON, EDWARD D 250 N.BELCHER RD.,STE.102 CLEARWATER FL 34625 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 85 86 87 88 City FL 85 88 City FL	_			_	ntry		8	•	ent year Int		_	
CARLSON, EDWARD D 250 N.BELCHER RD., STE. 102 CLEARWATER FL 34625 82 Street Address (P.O. Box Number is Not Acceptable) 83	24			0				1 1				No
CARLSON, EDWARD D 20 N.BELCHER RD,STE. 102 CLEARWATER FL 34625 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutues, the above-vened corporation submits this statement for the purpose of changing its registered agent. a manufaction with an accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TITLE 15. TITLE 15. TIME 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. TITLE					10	D. Name and Address of New R	egistered	Agent				
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CLEARWATER FL 34625 83 84 City 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 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, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligation of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligation of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligation of, Section 607.0505, Florida Statutes, the above-named corporation was accepted by the corporation was accepted to purpose of changing its registered agent, and accepted to purpose of changing its registered agent. In the acceptance of the purpose of changing its registered agent and a		•		82 5			Address ((P.O. Box Number is Not Accepta	ible)			
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 apprintment as registered office or registered agent, and familiar with, and accept the obligations of, Section 607.3505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 14. CITY. ST. ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. The state of the		· ·					,	•	·			
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Agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typoid or pirted name of registered agent and the if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PTD JACOBSEN, WILLIAM R. 12. NAME STREET ADDRESS GOV PACKARD CT. 13. STREET ADDRESS GOV PACKARD CT. 14. CTTY-ST-2P 14. CTTY-ST-2P 17TILE VS OBLIETE 21. TITLE VS OBLIETE 31. TITLE VS OBLIETE 21. TITLE VS OBLIETE 31. TITLE Addition Addition Addition Addition Addition Addition Addition Addition ADDRESS GOV ST-2P TITLE DELETE 31. TITLE ADDRESS GOV ST-2P TITLE ADDRESS GOV ST-2P TITLE DELETE 31. TITLE ADDRESS GOV ST-2P ADDRESS GOV	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											
Signature, typend or printed range of registered agent and offer if applications Control C							oration s b	board or directors. I hereby accep	t the appoi	nument as	regis	reteo
Signature, typed or printed runne of registered agent and rifler if applicative. (NOTE, Re-pistered Agent algorithms resistating) DATE	·											
TITLE		Signature, typed or printed name of registered age	ant and title if applicable. (NOTE: R	egistered	Agen	t signature rec	equired when	reinstating)	DATE			
NAME STREET ADDRESS SAFETY HARBOR FL	12.			13.				ADDITIONS/CHANGES TO OF	FICERS AN			
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On rope ■ Wilder Colonia	CITY-ST-ZIP			6.4 CITY-								

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: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-726-1138