FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 3:15

DOCUMENT # G26642 (0)

1. Corporation Name
BHJ, INC.

Principal Place of Business	Mailing Address
PO BOX 941539 MAITLAND FL 32794-0539	PO BOX 941539 MAITLAND FL 32794-0539

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/02/1983
3a. Date of Last Report: 02/11/1994

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

4. FEI Number: 59-2265954 ☐ 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

9. Name and Address of Current Registered Agent

QUINN, JOHN H.
1079 W MORSE BLVD. STE C
WINTER PARK FL 32789

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	QUINN, JOHN H.	1.2 NAME		
STREET ADDRESS	742 FARIROAKS LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL	1.4 CITY-ST-ZIP		
TITLE	STD	2.1 TITLE		☐ Change ☐ Addition
NAME	QUINN, HALLIE H.	2.2 NAME		
STREET ADDRESS	742 FARIROAKS LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☒ Change ☐ Addition
NAME	QUINN, JOHN H., JR.	3.2 NAME		
STREET ADDRESS	~~2020 HAGER LANE, APT. E~~	3.3 STREET ADDRESS	1040 Park West Court	
CITY-ST-ZIP	~~GLENWOOD SPRINGS CO~~	3.4 CITY-ST-ZIP	Glenwood Springs, CO	
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	QUINN, BROOKS C.	4.2 NAME		
STREET ADDRESS	977 CAMBRIDGE DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	STARKVILLE MS	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	STEVENS, HALLIE Q.	5.2 NAME		
STREET ADDRESS	2251 NW 21ST AVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	STEVENS, THOMAS J., III	6.2 NAME		
STREET ADDRESS	2251 NW 21ST AVE.	6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	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)(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.

SIGNATURE: _____ John H. Quinn, President 01/24/95 (407) 740-0585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061970 CP