

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90281 014 ***150.00

DOCUMENT # H19661

1. Entity Name
B.J.'S AUTO WHOLESALE, INC.



Principal Place of Business
**5506 BAYSHORE RD.
PALMETTO, FL 34221-3122 US**

Mailing Address
**6401 BAYSHORE RD.
PALMETTO, FL 34221-3122 US**

*Mailing Address Change:
5507-36th Ave. E.
Palmetto, FL 34221*

94054619



04062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2460183

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NIXON, JAMES M., ATTORNEY
1400 4TH AVE. W.
BRADENTON, FL 33505**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **MEDEIROS, JOHN**
STREET ADDRESS **6401 BAYSHORE RD. 5507-36th Ave. E.**
CITY-ST-ZIP **PALMETTO, FL Palmetto, FL**

TITLE **V**
NAME **MEDEIROS, TERRY L.**
STREET ADDRESS **6401 BAYSHORE RD. 5507-36th Ave E.**
CITY-ST-ZIP **PALMETTO, FL Palmetto, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Terry L. Medeiros, V.P.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-04

Date

941-729-2296

Daytime Phone #

Terry L. Medeiros, V.P.