

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H72442 (7)**

1. Corporation Name  
**B.J. DEMOLITION, INC.**



Principal Place of Business: **4610 ENTERPRISE AVE. NAPLES FL 33942-7014**  
Mailing Address: **4610 ENTERPRISE AVE. NAPLES FL 33942-7014**

3. Date Incorporated or Qualified: **08/21/1985**  
3a. Date of Last Report: **01/24/1995**

2. Principal Place of Business: **21 694 Commercial Blvd**  
22 Sub: Apt #, etc.  
23 City & State: **Naples Florida**  
24 Zip: **33942** 25 Country: **USA**  
26 Mailing Address: **26 694 Commercial Blvd**  
27 Sub: Apt #, etc.  
28 City & State: **Naples Florida 33942**  
29 Zip: **33942** 30 Country: **USA**

4. FEI Number: **65-0038378**  
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  
**JONES, G.C., JR.  
2958 CYPRESS STREET  
NAPLES FL 33962**

10. Name and Address of New Registered Agent  
81 Name: **Ben F Jones**  
82 Street Address (P.O. Box Number is Not Acceptable): **694 Commercial Blvd**  
83  
84 City: **Naples** 85 Zip Code: **FL 33942**

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: **Ben F Jones** 1/19/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: <b>PD</b>	NAME: <b>JONES, BEN</b>	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2. STREET ADDRESS: <b>2998 POPLAR STREET</b>	3. CITY-STATE-ZIP: <b>NAPLES FL</b>	2.1 NAME: <b>694 Commercial Blvd</b>	2.2 CITY-STATE-ZIP: <b>Naples Florida 33942</b>
4. TITLE: <b>VPD</b>	NAME: <b>JONES, G.C.</b>	3.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
5. STREET ADDRESS: <b>2958 CYPRESS STREET</b>	6. CITY-STATE-ZIP: <b>NAPLES FL</b>	4.1 NAME: <b>Ben F Jones</b>	4.2 STREET ADDRESS: <b>694 Commercial Blvd</b>
7. TITLE: <b>S</b>	NAME: <b>JONES, BRIAN E.</b>	5.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
8. STREET ADDRESS: <b>2121 HERITAGE TRAIL</b>	9. CITY-STATE-ZIP: <b>NAPLES FL</b>	6.1 NAME: <b>Ben F Jones</b>	6.2 STREET ADDRESS: <b>694 Commercial Blvd</b>
10. TITLE: <input type="checkbox"/> DELETE		7.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. NAME: <input type="checkbox"/> DELETE		8.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. STREET ADDRESS: <input type="checkbox"/> DELETE		9.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
13. CITY-STATE-ZIP: <input type="checkbox"/> DELETE		10.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. NAME: <input type="checkbox"/> DELETE		11.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
15. STREET ADDRESS: <input type="checkbox"/> DELETE		12.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
16. CITY-STATE-ZIP: <input type="checkbox"/> DELETE		13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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)(k), 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 or changed, or on an attachment with an address.

SIGNATURE: **Ben F Jones President** Date: **1/19/96** County: **FL 33942**

CR2E034 (12/95)