

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90060 010 ***150.00

DOCUMENT # J06246

1. Corporation Name

B. J. OF SARASOTA, INC.

Principal Place of Business

% BETTY JANE BURNSIDE
4610 LAS BRISAS LANE
SARASOTA FL 34238-4527
US

Mailing Address

% BETTY JANE BURNSIDE
4610 LAS BRISAS LANE
SARASOTA FL 34238-4527
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1986

4. FEI Number

59-2654328

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 9724 ROSARIO DRIVE

26 9724 ROSARIO DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 PARRISH, FLORIDA

27 PARRISH, FLORIDA

City & State

City & State

23 34219 U.S.A.

28 34219 U.S.A.

Zip Country

Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURNSIDE, BETTY JANE
4610 LAS BRISAS LANE
SARASOTA FL 34238

81 Name BURNSIDE, BETTY JANE

82 Street Address (P.O. Box Number is Not Acceptable)

9724 ROSARIO DRIVE
PARRISH, FL 34219

83 City

FL

85 Zip Code

34219

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS ☐ DELETE

NAME BURNSIDE, BETTY JANE

STREET ADDRESS 4610 LAS BRISAS LANE

CITY-ST-ZIP SARASOTA FL 34238

TITLE VP ☐ DELETE

NAME BURNSIDE, KENT A

STREET ADDRESS 7322 52ND DRIVE EAST

CITY-ST-ZIP BRADENTON FL 34203

TITLE T ☐ DELETE

NAME BURNSIDE, DEAN A

STREET ADDRESS 4259 ARROW AVE

CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

9724 ROSARIO DRIVE
PARRISH, FL 34219

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Betty Jane Burnside
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-99

(941) 776-1766

Date

Daytime Phone #

CR2E034 (11/98)