

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L76505 (1)

1. Corporation Name
B. J. TREAT'S INC.



Principal Place of Business
37627 LOCK ST
137 LOCK ST.
DADE CITY FL 33525
US

Mailing Address
37627 LOCK ST
137 LOCK ST.
DADE CITY FL 33525
US

3. Date Incorporated or Qualified 06/01/1990
3a. Date of Last Report 03/31/1995
4. FEI Number 65-0194564
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. 190.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 37627 Lock St.
22 Suite, Apt. #, etc.
23 City & State
24 Zip Country
25
26
27
28
29
30

2a. Mailing Address
26 Delete 137 Lock St.
27 Suite, Apt. #, etc.
28 City & State
29 Zip Country
30

9. Name and Address of Current Registered Agent

LOWERY, JEANIE L.
37627 LOCK ST
DADE CITY FL 33525

10. Name and Address of New Registered Agent

81 Name Brenda L. Williamson
82 Street Address (P.O. Box Number is Not Acceptable) 16400 Spring Valley Road
83 Dade City
84 City FL 85 Zip Code 33523

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 *Brenda L. Williamson* VICE PRESIDENT
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Date 6-6-96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DP	LOWERY, JEANIE L.	35905 LANA DR	DADE CITY FL	<input type="checkbox"/>
DV	WILLIAMSON, BRENDA L.	16400 SPRING VALLEY ROAD	DADE CITY FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Brenda L. Williamson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 6-6-96 352-521-0330
Daytime Phone #