

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L78436**

(7)

1. Corporation Name

BJC HOLDINGS, INC.



Principal Place of Business

Mailing Address

**5381 CLIFF STREET
P O DRAWER 677
GRACEVILLE FL 32440**

**5381 CLIFF STREET
P O DRAWER 677
GRACEVILLE FL 32440**

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

25. Country

29. Zip

30. Country

3. Date Incorporated or Qualified

06/07/1990

3a. Date of Last Report

02/09/1995

4. FEI Number

59-3067143

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

10. Name and Address of New Registered Agent

**WILDER, T W, III
5381 CLIFF STREET
GRACEVILLE, 32440**

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

Signature of agent or president/manager of registered agent and the corporation

(If FLE Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **DP** ☐ DELETE
NAME: **WILDER, TOM W.**
STREET ADDRESS: **RT. 1, BOX 751**
CITY-STATE-ZIP: **SLOCOMB AL**

TITLE: **SD** ☐ DELETE
NAME: **ANDERSON, ELAINE C**
STREET ADDRESS: **EIGHTH STREET**
CITY-STATE-ZIP: **MALONE FL**

TITLE: **TD** ☐ DELETE
NAME: **HEISLER, THOMAS E**
STREET ADDRESS: **5876 HWY 77**
CITY-STATE-ZIP: **GRACEVILLE FL**

TITLE: **D** ☐ DELETE
NAME: **MILLER, F. J. DR**
STREET ADDRESS: **1501 EAST EIGHTH AV.**
CITY-STATE-ZIP: **GRACEVILLE FL**

TITLE: **D** ☐ DELETE
NAME: **WILDER, KATRINA M.**
STREET ADDRESS: **ROUTE 1 BOX 751**
CITY-STATE-ZIP: **SLOCOMB AL**

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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)(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, changed, or on an attachment with an address.

SIGNATURE:

Thomas E. Heisler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Heisler

Date

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