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Feb 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 877
GRACEVILLE FL 32440

5381 CLIFF STREET
P O DRAWER 877
GRACEVILLE FL 32440-0677

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/07/1990

3a. Date of Last Report

02/01/1996

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

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 Registered Agent or Officer/Director)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	DELETE
NAME	WILDER, TOM W.	
STREET ADDRESS	RT. 1, BOX 751	
CITY-ST-ZIP	SLOCOMB AL	
TITLE	SD	DELETE
NAME	ANDERSON, ELAINE C	
STREET ADDRESS	EIGHTH STREET	
CITY-ST-ZIP	MALONE FL	
TITLE	TD	DELETE
NAME	HEISLER, THOMAS E	
STREET ADDRESS	5676 HWY 77	
CITY-ST-ZIP	GRACEVILLE FL	
TITLE	D	DELETE
NAME	MILLER, F. J. DR	
STREET ADDRESS	1501 EAST EIGHTH AV.	
CITY-ST-ZIP	GRACEVILLE FL	
TITLE	D	DELETE
NAME	WILDER, KATRINA M.	
STREET ADDRESS	ROUTE 1 BOX 751	
CITY-ST-ZIP	SLOCOMB AL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE:

Thomas E. Heisler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 18, 1997 904 263-3225

CR2E034 (9/96)