

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
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90005 036 ***150.00

DOCUMENT # **L78436**

1. Corporation Name
BJC HOLDINGS, INC.

Principal Place of Business

5381 CLIFF STREET
P O DRAWER 677
GRACEVILLE FL 32440

Mailing Address

5381 CLIFF STREET
P O DRAWER 677
GRACEVILLE FL 32440

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1990

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

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

27 City & State

28 Zip **29** Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **WILDER, T.W. I**
CITY-ST-ZIP **4915 FLINT DR**
MARIANNA FL 32446

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **HEISLER, THOMAS E**
CITY-ST-ZIP **5676 HWY 77**
GRACEVILLE FL 32440

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

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MILLER, LEE W**
CITY-ST-ZIP **101 8TH AVE**
GRACEVILLE FL 32440

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-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-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 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:

Thomas E. Heisler

Thomas E. Heisler

4/2/99

850 263-3225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)