

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90416 039 \*\*\*150.00

**DOCUMENT # L78436**

1. Entity 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**

40071916



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3067143**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when rehashing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILDER, TOM W.
STREET ADDRESS	2842 OLD CHIPLEY RD
CITY-ST-ZIP	SLOCOMB, AL
TITLE	D
NAME	WILDER, T.W. IV
STREET ADDRESS	4285 LAFAYETTE STREET
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	STD
NAME	HEISLER, THOMAS E
STREET ADDRESS	5676 HWY 77
CITY-ST-ZIP	GRACEVILLE, FL 32440
TITLE	D
NAME	MILLER, F. J. DR
STREET ADDRESS	1501 EAST EIGHTH AV.
CITY-ST-ZIP	GRACEVILLE, FL
TITLE	D
NAME	MILLER, LEE W
STREET ADDRESS	101 8TH AVE
CITY-ST-ZIP	GRACEVILLE, FL 32440
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

April 12, 2007

850 263 3225  
Daytime Phone #