

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 # M88181 (6)

1. Corporation Name
TBJB, INC.

Principal Place of Business

**1300 RIVERPLACE BLVD
610
JACKSONVILLE FL 32207
US**

Mailing Address

**1300 RIVERPLACE BLVD
610
JACKSONVILLE FL 32207
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/05/1988		3a. Date of Last Report 05/01/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2896384		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRANNEN, W.M. 1300 RIVERPLACE BLVD SUITE 610 JACKSONVILLE FL 32207				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code FL			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	TOWERS, C.D., JR.	1.2 NAME	C. D. Towers, Jr.
STREET ADDRESS	1300 GULF LIFE DR., #600	1.3 STREET ADDRESS	1300 Riverplace Boulevard, Suite 610
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	VD	2.1 TITLE	VD
NAME	BURPEE, A.L., JR.	2.2 NAME	A. L. Burpee, Jr.
STREET ADDRESS	1300 GULF LIFE DR., #600	2.3 STREET ADDRESS	1300 Riverplace Boulevard, Suite 610
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	VD	3.1 TITLE	VD
NAME	JAMES, H.R., SR.	3.2 NAME	H. R. James, Sr.
STREET ADDRESS	1300 GULF LIFE DR., #600	3.3 STREET ADDRESS	1300 Riverplace Boulevard, Ste. 610
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	VSD	4.1 TITLE	VSD
NAME	BRANNEN, W.M.	4.2 NAME	W. M. Brannen
STREET ADDRESS	1300 GULF LIFE DR., #600	4.3 STREET ADDRESS	1300 Riverplace Boulevard, Suite 610
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 if changed, or on an attachment with an address.

SIGNATURE:

W. M. Brannen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. M. Brannen

4/19/96

904 396-1010

Date

Daytime Phone #

CR2E034 (12/95)