FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

APPROVED AND FILED

98 MAY 12 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997/1998

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

DOCUMENT # **P93000029381 (9)**

1. Corporation Name
B.J.B SERVICES, INC.
DBA: Data Trac (for Mailing purposes)

REINSTATEMENT 97-98

Principal Place of Business	Mailing Address
POST OFFICE BOX 160714 ALTAMONTE SPRINGS FL 32716-0714	POST OFFICE BOX 160714 ALTAMONTE SPRINGS FL 32716-0714

No Mail To Any Other Address

3. Date Incorporated or Qualified: 04/19/1993
3a. Date of Last Report: 06/28/1996
4. FEI Number: 59-3037277 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BORDERS, BANITA J
2935 SIMMONS RD
P O BOX 2161
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Not Acceptable)
83
84 City **FL** 85 Zip Code

000002530300--9
-05/20/98--01074--003
****150.00 ****150.00

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 _____ 2/6/98
Signature, typed or printed name of individual 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	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BORDERS, BANITA		1.2 NAME	
STREET ADDRESS	2935 SIMMONS RD		1.3 STREET ADDRESS	000002530300--9
CITY-ST-ZIP	OVIEDO FL 32765		1.4 CITY-ST-ZIP	-05/20/98--01074--004 ****165.00 ****165.00
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SIMMONS, PATRICIA C		2.2 NAME	
STREET ADDRESS	2935 SIMMONS RD		2.3 STREET ADDRESS	000002530300--9
CITY-ST-ZIP	OVIEDO FL 32765		2.4 CITY-ST-ZIP	-05/20/98--01074--005 ****585.00 ****585.00
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	**REINSTATEMENT** 97/98
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	5/12/98
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 if changed, or on an attachment with an address.

SIGNATURE: _____ (407) 366-1908