

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000056554 (7)

1. Corporation Name  
B & J CONCEPTS, INC.

Principal Place of Business  
% BARBARA JARVIS  
9853 NORTH TAMiami TRAIL, SUITE 106  
NAPLES FL 33963

Mailing Address  
% BARBARA JARVIS  
9853 NORTH TAMiami TRAIL, SUITE 106  
NAPLES FL 34108-1995

FILED  
May 20 1997 8:00am  
Secretary of State



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/09/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0430252

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

9. Name and Address of Current Registered Agent

JARVIS, BARBARA  
9853 NORTH TAMiami TRAIL  
SUITE 106  
NAPLES FL 33963

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 D  
NAME JARVIS, BARBARA  
STREET ADDRESS 5300 SUMMER WIND DRIVE, #201  
CITY-ST-ZIP NAPLES FL 33942

TITLE D  
NAME CLINTON, JAMES  
STREET ADDRESS 5300 SUMMER WIND DRIVE, #201  
CITY-ST-ZIP NAPLES FL 33942

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME Jarvis, Barbara  
1.3 STREET ADDRESS 3137 ANDORRA CT  
1.4 CITY-ST-ZIP NAPLES FL 34109

2.1 TITLE D  
2.2 NAME CLINTON, JAMES  
2.3 STREET ADDRESS 3137 ANDORRA CT  
2.4 CITY-ST-ZIP NAPLES FL 34109

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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 if changed or on an attachment with my address.

SIGNATURE

Barbara Jarvis

4/29/97 (941)  
596-116

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