

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

DOCUMENT # P94000041781

1. Corporation Name

B & J ASSOCIATES, INC.

Principal Place of Business

1403 ABIGAIL DR
APOPKA FL 32703

Mailing Address

1403 ABIGAIL DR
APOPKA FL 32703

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

PAIGE, JOHN E
1403 ABIGAIL DR
APOPKA FL 32703

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME PAIGE, JOHN E
STREET ADDRESS 1403 ABIGAIL DR
CITY-ST-ZIP APOPKA FL 32703

DELETE

1.1 TITLE

Change

Addition

TITLE
NAME
STREET ADDRESS

DELETE

2.1 TITLE

Change

Addition

CITY-ST-ZIP

2.2 NAME

TITLE
NAME
STREET ADDRESS

DELETE

2.3 STREET ADDRESS

Change

Addition

CITY-ST-ZIP

2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS

DELETE

3.1 TITLE

Change

Addition

CITY-ST-ZIP

3.2 NAME

TITLE
NAME
STREET ADDRESS

DELETE

3.3 STREET ADDRESS

Change

Addition

CITY-ST-ZIP

3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS

DELETE

4.1 TITLE

Change

Addition

CITY-ST-ZIP

4.2 NAME

TITLE
NAME
STREET ADDRESS

DELETE

4.3 STREET ADDRESS

Change

Addition

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS

DELETE

5.1 TITLE

Change

Addition

CITY-ST-ZIP

5.2 NAME

TITLE
NAME
STREET ADDRESS

DELETE

5.3 STREET ADDRESS

Change

Addition

CITY-ST-ZIP

5.4 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:

John S. Paige RE John S. Paige

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90094 010 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/25/1994

4. FEI Number

59-3244481

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

CR2E034 (11/98)