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 # P95000024284 (8)

1. Corporation Name
J.B.J. INC.

Principal Place of Business
XXXXXXXXXXXX
XXXXXXXXXXXX
XXXXXXXXXXXX

Mailing Address
% DAVID A. KING, ESQ.
1416 KINGSLEY AVE.
ORANGE PARK FL 32073

2. Principal Place of Business
21 5000-85 U.S. Hwy 17
Suite, Apt #, etc.
22 --------------------
City & State
23 Orange Park, FL
Zip 24 32073 Country 25 U.S.A.

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 03/27/1995
3a. Date of Last Report:
4. FEI Number: 59-3311895 — Applied For / Not Applicable
5. Certificate of Status Desired: X — $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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent

KING, DAVID A
XXXXXXXXXXXX
XXXXXXXXXXXXXX

10. Name and Address of ~~New~~ Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): Attorney at Law
83 1416 Kingsley Avenue
84 City: Orange Park FL 85 Zip Code: 32073

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 — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D NAME: SCHUEURMAN, KATHLEEN A . STREET ADDRESS: 944 MAPLE RIDGE COURT CITY-ST-ZIP: ORANGE PARK FL 32065	[ ] DELETE	1.1 TITLE: D,P,S,T 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	[X] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	[ ] Change [ ] Addition

CR2E034 (12/95)

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: X Kathleen A. Scheurman, President — 3/28/96 — 904-272-5996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kathleen A. Scheurman, President