

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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000049266 (6)

1. Corporation Name
BJT PROPERTIES, INC.



Principal Place of Business 15099 HIGHFIELD RD BROOKSVILLE FL 34809	Mailing Address 15099 HIGHFIELD RD BROOKSVILLE FL 34809-8804
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3. Date Incorporated or Qualified 07/01/1995	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 13414 Ester Drive Suite, Apt. #, etc.	2a. Mailing Address 26 13414 Ester Drive Suite, Apt. #, etc.
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22 City & State 23 Brooksville, FL	27 City & State 28 Brooksville, FL
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24 Zip 34613	25 Country Hernando	29 Zip 34613	30 Country Hernando
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4. FEI Number 59-3324129	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**HARRISON, TONY D
15099 HIGHFIELD RD
BROOKSVILLE FL 34809**

10. Name and Address of New Registered Agent	
81 Name Tony D. Harrison	
82 Street Address (P.O. Box Number is Not Acceptable) 13414 Ester Drive	
83	
84 City Brooksville	85 Zip Code FL 34613

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 _____ DATE _____
Sign above, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD HARRISON, TONY D
STREET ADDRESS	15099 HIGHFIELD RD
CITY - ST - ZIP	BROOKSVILLE FL 34809
TITLE	<input type="checkbox"/> DELETE
NAME	VSTD HARRISON, BETH E
STREET ADDRESS	15099 HIGHFIELD RD
CITY - ST - ZIP	BROOKSVILLE FL 34809
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD Tony D. Harrison
1.3 STREET ADDRESS	13414 Ester Drive
1.4 CITY - ST - ZIP	Brooksville, FL 34613
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VSTD Beth E. Harrison
2.3 STREET ADDRESS	13414 Ester Drive
2.4 CITY - ST - ZIP	Brooksville, FL 34613
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an address.

SIGNATURE: Beth E. Harrison 4-16-97 352-596-4705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)