

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 # P95000062290 (8)

1. Corporation Name

B & J DELIVERY, INC.



Principal Place of Business

Mailing Address

1304 NE 32ND AVE
GAINESVILLE FL 32609

1304 NE 32ND AVE
GAINESVILLE FL 32609

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/11/1995

3a. Date of Last Report
NA

4. FEI Number
59-3330057

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

10. Name and Address of New Registered Agent

HODGSON, ROBERT W
1304 NE 32ND AVE
GAINESVILLE FL 32609

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 is required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	JOSEPH LIVINGSTON	
STREET ADDRESS	P.O. BOX 142681	
CITY - ST - ZIP	GAINESVILLE FL 32614	MISTAKE DO NOT DELETE
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	ROBERT W. HODGSON	
STREET ADDRESS	1304 NE 32ND AVE	MISTAKE
CITY - ST - ZIP	GAINESVILLE FL 32609	DO NOT DELETE
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. TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Joseph Livingston	
3. STREET ADDRESS	P.O. BOX 142681	NA
4. CITY - ST - ZIP	GAINESVILLE FL 32614	
5. TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	Robert W. Hodgson	
7. STREET ADDRESS	1304 NE 32ND AVE	
8. CITY - ST - ZIP	GAINESVILLE, FL 32609	
9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY - ST - ZIP		
25. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME		
27. STREET ADDRESS		
28. CITY - ST - ZIP		
29. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME		
31. STREET ADDRESS		
32. CITY - ST - ZIP		
33. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
34. NAME		
35. STREET ADDRESS		
36. CITY - ST - ZIP		
37. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
38. NAME		
39. STREET ADDRESS		
40. CITY - ST - ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY - ST - ZIP		
45. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
46. NAME		
47. STREET ADDRESS		
48. CITY - ST - ZIP		
49. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
50. NAME		
51. STREET ADDRESS		
52. CITY - ST - ZIP		
53. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
54. NAME		
55. STREET ADDRESS		
56. CITY - ST - ZIP		
57. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
58. NAME		
59. STREET ADDRESS		
60. CITY - ST - ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY - ST - ZIP		

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: Robert W. Hodgson / Robert W. Hodgson 4-25-96 352-373-9435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone No.

CR2E034 (12/95)