

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

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90060 041 ***150.00

DOCUMENT # P95000062290

1. Corporation Name B & J DELIVERY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1304 NE 32ND AVE GAINESVILLE FL 32609

Mailing Address 1304 NE 32ND AVE GAINESVILLE FL 32609

3. Date Incorporated or Qualified

08/11/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

Suite, Apt. #, etc.

Suite, Apt. #, etc.

59-3330057

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

25

29

30

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--------------------------|---|---|
| NAME | DELETED | TITLE | Change Addition |
| P LIVINGSTON, JOSEPH P.O. BOX 142681 (NA) GAINESVILLE FL 32614 | <input type="checkbox"/> | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| VP HODGSON, ROBERT W 1204 NE 32ND AVENUE GAINESVILLE FL 32609 | <input type="checkbox"/> | 1.2 NAME | |
| | <input type="checkbox"/> | 1.3 STREET ADDRESS | |
| | <input type="checkbox"/> | 1.4 CITY-ST-ZIP | |
| | <input type="checkbox"/> | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> | 2.2 NAME | |
| | <input type="checkbox"/> | 2.3 STREET ADDRESS | |
| | <input type="checkbox"/> | 2.4 CITY-ST-ZIP | |
| | <input type="checkbox"/> | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> | 3.2 NAME | |
| | <input type="checkbox"/> | 3.3 STREET ADDRESS | |
| | <input type="checkbox"/> | 3.4 CITY-ST-ZIP | |
| | <input type="checkbox"/> | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> | 4.2 NAME | |
| | <input type="checkbox"/> | 4.3 STREET ADDRESS | |
| | <input type="checkbox"/> | 4.4 CITY-ST-ZIP | |
| | <input type="checkbox"/> | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> | 5.2 NAME | |
| | <input type="checkbox"/> | 5.3 STREET ADDRESS | |
| | <input type="checkbox"/> | 5.4 CITY-ST-ZIP | |
| | <input type="checkbox"/> | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | <input type="checkbox"/> | 6.2 NAME | |
| | <input type="checkbox"/> | 6.3 STREET ADDRESS | |
| | <input type="checkbox"/> | 6.4 CITY-ST-ZIP | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

RW Hodgson

RW HODGSON

VICE PRESIDENT 1-5-98

352-373-9435

352-373-1228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)