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 # P9500062290 1. Corporation Name

Principal Place of Business

B & J DELIVERY, INC.

Mailing Address

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

02-20-1999 90060 041 ***150.00



)4 NE 32ND INESVILLE FI		1304 NE 32ND AVE GAINESVILLE FL 32609			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	يدي تهيد در
Driverinal Di	and of Puninger	2a. Mailing Address		-	08/11/1995 4. FEI Number	Applied For
26			Walling Address			lot Applicable
		Suite, Apt. #, etc.		-	_ \$8.75	Additional
		27			5. Certifcate of Status Desired Fee F	Required
City & State		City & State	City & State			May Be I to Fees
Zip	Country 25	Zip 29	Country 30		This corporation owes the current year Intangible Personal Property Tax. Yes	□No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Agent	
	CCON CODEDT W			81 Name		
1304	gson, robert w Ne 32ND ave				ress (P.O. Box Number is Not Acceptable)	
GAIN	ESVILLE FL 32609			83		
				84 City	FL 85 Zip	Code
agent. I ar ज्ञान	egistered agent, or both, in the Sta in familiar with, and accept the obli- Signature, typed or printed name of registered a	gations of, Section 607.0505, Flor	ida Stat	d by the corporati	ion's board of directors. I hereby accept the appointment as i	egistered
		AND DIRECTORS	13.	- igone signators require	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12
··	P	☐ DELETE 1.1 TI SEPH 1.2 N 1 (NA) 1.3 S		TLE	☐ Change	
	LIVINGSTON, JOSEPH			AME		
"! ACCRESS	P.O. BOX 142681 (NA)			TREET ADDRESS		
ST-ZIP	GAINESVILLE FL 32614			ΠY-ST-ZIP		
	VP ,	☐ DELETE	. 2.1 ТІ	TLE	Change	Addition
	HODGSON, ROBERT W		2.2 N		en e	-
1 ADDRESS	1204 NE 32ND AVENUE			TREET ADDRESS		
ST-ZIP	GAINESVILLE FL 32609	☐ DELETE	2.4 C	TI F	☐ Change	Addition
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_			6.2 N	AME		
ADD/ALSS			6.3 S	TREET ADDRESS		
ST ZIP			6.4 C	ITY-ST-ZIP		

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 organ attachment with an address, with all other like empowered.