

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
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90051 044 ***150.00

DOCUMENT # P95000072380

1. Corporation Name
PBJ & S, INC.

Principal Place of Business
1798 THOMASVILLE ROAD
TALLAHASSEE FL 32303

Mailing Address
1798 THOMASVILLE ROAD
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1995

4. FEI Number

59-3340619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2199 NORTH MONROE

Suite, Apt. #, etc.

22 B

City & State

23 TALLAHASSEE FL

Zip

24 32303

Country

25 USA

2a. Mailing Address

26 2199 NORTH MONROE

Suite, Apt. #, etc.

27 B

City & State

28 TALLAHASSEE FL

Zip

29 32303

Country

30 USA

9. Name and Address of Current Registered Agent

JAMES H. HATHAWAY
1798 THOMASVILLE ROAD
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

JAMES H. HATHAWAY

82 Street Address (P.O. Box Number is Not Acceptable)

2199-B NORTH MONROE

83

B

84 City

TALLAHASSEE

FL

85 Zip Code

32303

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

TITLE D ☐ DELETE
NAME HATHAWAY, JAMES H
STREET ADDRESS 1798 THOMASVILLE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D ☐ DELETE
NAME HATHAWAY, CAMILLE D
STREET ADDRESS 1798 THOMASVILLE ROAD
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME HATHAWAY, JAMES H.
1.3 STREET ADDRESS 2199-B NORTH MONROE
1.4 CITY-ST-ZIP TALLAHASSEE, FL. 32303

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME HATHAWAY, CAMILLE D.
2.3 STREET ADDRESS 2199-B NORTH MONROE
2.4 CITY-ST-ZIP TALLAHASSEE, FL. 32303

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-98

850-222-8601

CR2E034 (11/98)

0053636