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

Mailing Address

130 OLD HIGHWAY 98

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000000219 (1)

BJT ENTERPRISES, INC.

Principal Place of Business

130 OLD HIGHWAY 98

SUITE 4 DESTIN FL 32541 DESTIN FL 32541 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/02/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-3351649 26 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\sigma\) No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Tanner, James H 81 Name 130 OLD HIGHWAY 98 Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 4** 83 DESTIN FL 32541 City 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 little if applicable (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change TITLE DELETE 1.1 TITLE Addition TANNER, JAMES H NAME 1.2 NAME 1497 E NURERY ROAD STREET ADDRESS 1.3 STREET ADORESS SANTA ROSA BEACH FL CITY-ST-ZIP 1.4 City-St-ZiP DELETE Change Addition TITLE 2.1 TITLE TANNER, BARBARA A NAME 2.2 NAME 1497 E NURSERY ROAD STREET ADDRESS 2.3 STREET ADDRESS SANTA ROSA BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP Change DELETE Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY - ST - ZIP DELETE

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADORESS 5.4 CITY-ST-ZIP

**6.3 STREET ADDRESS** 

SIGNATURE:

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

14. Thereby 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 trustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change, or on an attachment with an address.

850-837-6011

**FILED** 

May 01 1998 8:00am

Secretary of State

Change

Change

Addition

Addition