## 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 # P9600000219

BJT ENTERPRISES, INC.

Principal Place of Business 130 OLD HIGHWAY 98

SUITE 4

Mailing Address

130 OLD HIGHWAY 98 SUITE 4

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90188 037 \*\*\*150.00



DESTIN FL 32:54	41	DESTIN FL 32541			DO NOT WRITE IN THIS SPACE				
					3. Date In orporated or Qualifed				-
					01/02/199	<u>6</u>			
	lace of Business	2a. Mailing Address			4. FEI Number	•		· · ·	ol ed For
21 10859	EMELALD COAST PRUY W	26 10859 EMELAL	D Con	15T PKWY W	<u> 59-33516</u> 4	19		<del></del>	Applicable
Suite, Art.	#, etc.	Suite, Apt. #, etc.	1	•	5. Certificate of	Status Desired		<b>\$8.75</b> A Fee Re	
22 5707C 209 27 5017C A					6 Floation Con	npaign Financing		\$5.00	<del></del>
<b>-</b> · -	TIN FL		¬		Trust Fund C			Added t	•
Zip	Country H	Zip	Cou	untry	<del></del>	tion owes the curre	ent year I ita	ngible	
3254	25 Water	29 3254/	30		Personal Pro			Yes	[]No
	9. Name and Address of Current	Registered Agent			10. Name and A	ddress of New R	egistere I A	gent	
		<del>-</del> "		81 Name	ENNER.	James	H		
TANNER, JAMES H				82 Street Address (P.O. Box Number is Not Acceptable)					
	OLD HIGHWAY 98			1085	9 EMCRAL	O COAST	PKWY	W.	
SUITE 4				83 4 11/7	= 204	•	.*		
DESTIN FL 32541				84 City	- au / _			85 Zip (	Code//
					STIN_		<u>FL</u>	32	57/
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607 1508, Florida Statu	es, the a	shove named com	ocation submit a this	statement for the	purpose of o	hanging its	registered
office or n agent. a	egistered agent, or both, in the State o im familiar with, and accept the obligation	ns of, Section 607.0505, FJ	orida Stat	u by the corporation tutes.	, s board or cirect	13. Thereby accep	.//	_/	g. 5.0.00
SIGNATURE	Amos of Tana	~~ JA	mes	H. TANO	EL		4/25	199_	
	Signature, typed or printed name of registered agent		: Registered	d Agent signature required	d when reinstating)	HANGES TO OF	DATE LONG	DIRECTO	F S IN 12
12.	OFFICERS AND	DELETE	1.1 T		ADDITIONS/C	A IANGES TO OF	JOENS AND	Change	Addition
TITLE	TANKED JAMES H	□ ntreis		i				C. aligo	
NAME	TANNER, JAMES H		1.2 N	l l					
STREET ADDRESS				STREET ADDRESS				3249	9
CITY-ST-ZIP	SANTA ROSA BEACH FL	☐ DELETE	1.4 C	CITY-ST-ZIP				Change	Addition
TITLE	l **	C) ACTUE		AME					
NAME	Tanner, Barbara a   1497 e Nursery Road								
STREET AODRESS	SANTA ROSA BEACH FL			STREET ADDRESS				324	59
CITY-ST-ZIP	SANTA RUSA BEAUTI FL	☐ DELETE	3.1 T	CITY-ST-ZIP				Change	Addition
TITLE		_ 522210		AME					_
NAME			1	STREET ADDRESS					
STREET ADDRESS				CITY-ST-ZIP					
CITY-ST-ZIP		☐ DELETE	4.1 T			<del></del>		Change	Addition
NAME			4.21	NAME					
STREET ADORESS			1	STREET ADDRESS					
CITY-ST-ZIP			4.4 0	CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 T	ITLE				Change	Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	STREET ADDRESS					
CITY-ST-ZIP			5.4 C	CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 T	NTLE				Change	Addition
NAME			6.2 N	NAME					
STREET ADDRESS			638	STREET ADDRESS					
CITY-ST-7IP			6.4 0	CITY-ST-ZIP					

14. I herety certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0: (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 all other like empowered.

SIGNATURE:

(852)837-6011