

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000064112 (1)**

1. Corporation Name

B & J SERVICES, INC.



Principal Place of Business

Mailing Address

**4728 OLIVE BRANCH RD APT 502
ORLANDO FL 32811**

**4728 OLIVE BRANCH RD APT 502
ORLANDO FL 32811**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1996

4. FEI Number

59-3409845

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 **6307 Coopers Green CT**

Suite, Apt. #, etc.

22 City & State

23 **Orlando, FL**

24 Zip

32819

Country

USA

2a. Mailing Address

26 **6307 Coopers Green CT**

Suite, Apt. #, etc.

27 City & State

28 **Orlando FL**

29 Zip

32819

Country

USA

9. Name and Address of Current Registered Agent

**BURNS, BARBARA
4728 OLIVE BRANCH RD APT 502
ORLANDO FL 32811**

10. Name and Address of New Registered Agent

81 Name

Barbara Silva

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

6307 Coopers Green CT

83

84 City **Orlando**

FL

85 Zip Code **32819**

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

Barbara Silva

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/12/98

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **BURNS, BARBARA**
STREET ADDRESS **4728 OLIVE BRANCH RD APT 502**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

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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 **Barbara Silva**
1.3 STREET ADDRESS **6307 Coopers Green CT**
1.4 CITY-ST-ZIP **Orlando FL 32819**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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.

SIGNATURE: **Barbara Silva**

9/12/98 (407) 963-6126

CRZE034 (5/96)