## DÒCUMENT # **P96000079393**

1. Entity Name

B.J.C. INVESTMENTS, INC.

Principal Place of Business

% CHRISTINE COKE 1112 GRANADA STREET FORT PIERCE FL 34949

SIGNATURE

Mailing Address

% CHRISTINE COKE 1112 GRANADA STREET FORT PIERCE FL 34949

2. Principal Place of Business		3. Mailing Address			
1110 Granada St.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	.1		
FL Piero FC		1/10 Gran	ada St		
City & State		City & State			
		FTYier	a FC		
7	•		•		

DO NOT WRITE IN THIS SPACE

Registered Agent

DATE

65-0705758

Applied For Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

COKE. CHRISTINE 1112 GRANADA STREET FORT PIERCE FL 34949

	1.	Name	ano	Address	or ne	N
Name	-					Ī

5. Certificate of Status Desired

4. FEI Number

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

City

(NOTE: Registered Agent signature required when reinstating)

Zip Code FL

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE Delete TITLE NAME COKE. CHRISTINE NAME 1110 Granadas STREET ADDRESS STREET ADDRESS 1112 GRANADA STREET CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE FL 34949 TITLE ☐ Delete TIT! F Change ☐ Addition NAME TOMLINSON, JOYCE NAME STREET ADDRESS STREET ADDRESS 1201 BINNEY DRIVE CITY-ST-ZIP CITY: ST-ZIP FORT PIERCE FL 34949 ☐ Addition TITLE ☐ Delete TITLE Change NAME BRADY, BRENDA NAME STREET ADDRESS STREET ADDRESS 316 GRANADA STREET CITY-ST-ZIE CITY-ST-ZIP FORT PIERCE FL 34949 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment

SIGNATURE: