


FILED
May 04, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000100497

1. Corporation Name
BJC CORPORATION



Principal Place of Business Mailing Address
 8720 SW S.R. 200, #14 8720 SW S.R. 200, #14
 Ocala FL 34476 Ocala FL 34476

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9971 SE 58 Ave		2a. Mailing Address 26 PO Box 3185		3. Date incorporated or Qualified 11/25/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>	
City & State 23 Belleview FL		City & State 28 Belleview FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 34420		Zip 29 34421		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 U.S.		Country 30 U.S.		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BISHOP, W E JR 8720 SW S.R. 200, #14 OCALA FL 34476		10. Name and Address of New Registered Agent 81 Name CARLEW HEATH 82 Street Address (P.O. Box Number is Not Acceptable) 83 4393 SE 110 ST Belleview 84 PO BOX 3185 85 City Belleview FL 86 Zip Code 34421	
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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 Carleew Heath DATE 4-28-99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	1.2 NAME	
STREET ADDRESS	CARLEW HEATH	1.3 STREET ADDRESS	
CITY-ST-ZIP	4393 SE 110 ST Belleview FL 34420	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY	2.2 NAME	
STREET ADDRESS	BRAD HEATH	2.3 STREET ADDRESS	
CITY-ST-ZIP	4393 SE 110 ST Belleview FL 34420	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 all other like empowered.

SIGNATURE: Carleew Heath DATE 4-28-99 DAYTIME PHONE 352 245 7017
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Carleew Heath CARLEW HEATH

CR2E034 (11/98)