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Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S51232 (4)

1. Corporation Name
BJD ENTERPRISES, INC.



Principal Place of Business: **P O BOX 813 WAUCHULA FL 33873**
 Mailing Address: **P O BOX 813 WAUCHULA FL 33873-0813**

3. Date Incorporated or Qualified: **05/06/1991**
 3a. Date of Last Report: **01/31/1996**
 4. FEI Number: **65-0264046**
 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
 21. State, Apt. #, etc.
 22. City & State
 23. Zip Country
 24. Zip Country
 25. Zip Country
 26. State, Apt. #, etc.
 27. City & State
 28. Zip Country
 29. Zip Country
 30. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCLEOD, MARY J.
~~**RT 2 BOX 170 M**~~
WAUCHULA FL 33873

81. Name
 82. Street Address (P.O. Box Number is Not Acceptable): **182 BOYD CONART ROAD**
 83.
 84. City: **FL** 85. 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 and Date of Registered Agent and Director Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **D** DELETE
 NAME: **MCLEOD, MARY J.**
 STREET ADDRESS: **P O BOX 813, HWY 664B**
 CITY-STATE-ZIP: **WAUCHULA FL**

TITLE: **DP** DELETE
 NAME: **MCLEOD, BURTON D.**
 STREET ADDRESS: **P O BOX 813, HWY 664B**
 CITY-STATE-ZIP: **WAUCHULA FL**

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: DELETE
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 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: DELETE
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 STREET ADDRESS:
 CITY-STATE-ZIP:

TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: **PRESIDENT** Change Addition
 1.2 NAME:
 1.3 STREET ADDRESS:
 1.4 CITY-STATE-ZIP:

2.1 TITLE: **VICE PRESIDENT** Change Addition
 2.2 NAME:
 2.3 STREET ADDRESS:
 2.4 CITY-STATE-ZIP:

3.1 TITLE: Change Addition
 3.2 NAME:
 3.3 STREET ADDRESS:
 3.4 CITY-STATE-ZIP:

4.1 TITLE: Change Addition
 4.2 NAME:
 4.3 STREET ADDRESS:
 4.4 CITY-STATE-ZIP:

5.1 TITLE: Change Addition
 5.2 NAME:
 5.3 STREET ADDRESS:
 5.4 CITY-STATE-ZIP:

6.1 TITLE: Change Addition
 6.2 NAME:
 6.3 STREET ADDRESS:
 6.4 CITY-STATE-ZIP:

14. I do 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: *Mary Jane McLeod* **Mary Jane McLeod** 3-17-97 941-773-6195
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)