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 # V59629

B. J. PADGETT, INC.

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90019 008 ***150.00



Principal Place of Business Mailing Address					i (apit Atias) givid thits divid that all also alon aren aren aren aren	
% BETTY J. PA	DGETT	% BETTY J	. PADGETT			
5586 NATHAN H		*****	5586 NATHAN HALE ROAD			DO NOT WRITE IN THIS SPACE
JACKSONVILLE	FL 32221	JACKSONV	JACKSONVILLE FL 32221			3. Date Incorporated or Qualifed
						08/20/1992
2 Principal Di	ace of Business	2a Mailine	1 Address			4. FEI Number Applied For
·	ace of Busiliess	}	2a. Mailing Address			59-3155011 Not Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.			\$8.75 Additional
	#, 8 10.	<u> </u>	27			5. Certifcate of Status Desired Fee Required
City & State			City & State			6. Election Campaign Financing S5.00 May Be
23			28			Trust Fund Contribution Added to Fees
Zip	Country		Zip Count			8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax. X Yes ANo
	9. Name and Address of Curre	nt Registered A	gent			10. Name and Address of New Registered Agent
				81	Name	
PADO		82 Street Addre		t Address (P.O. Box Number is Not Acceptable)		
5586	NATHAN HALE ROAD				Suestr	Addiess (1.5. Box Namber to Net Peesphasis)
JACH	(SONVILLE FL 32221			83		
					0.4	85 Zip Code
				84	City	FL 3 Zip Gode
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508	, Florida Statutes,	the abov	e-named o	d corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida Such	i change was auth	ionzed by	tne corbo	poration's board of directors. I hereby accept the appointment as registered
•	in lamiliar with, and accept the oblig	adons of, coolor	1 557.5555, 1 157.5		•	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable	e. (NOTE: Re	gistered Age	nt signature re	required when reinstating) DATE
12.	OFFICERS A	ND DIRECTORS	3	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME,	PADGETT, BETTY J.			1.2 NAME		
STREET ADDRESS	5586 NATHAN HALE ROAD			1.3 STREE	TADDRESS	· ·
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-S	T-ZIP	
TITLE	D		☐ DELETE	2.1 TITLE		Change Addition
NAME	PADGETT, BEN			2.2 NAME		
STREET ADDRESS	5586 NATHAN HALE ROAD		2.3 STF		TADDRESS	s
CITY-ST-ZIP	JACKSONVILLE FL			2. 4 CITY-5	ST-ZIP	
TITLE	D		DELETE	3.1 TITLE]	☐ Change ☐ Addition
NAME	PADGETT, BEN DARRELL			3.2 NAME		
STREET ADDRESS	5570 NATHAN HALE ROAD			3.3 STREE	TADDRESS	s
CITY-ST-ZIP	JACKSONVILLE FL			3.4. CITY-5	ST-ZIP	
TITLE			DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME				4.2 NAME		
STREET ADDRESS				4.3 STREE	TADDRESS	s
CITY-ST-ZIP				4.4 CITY-S	T-ZIP	
TITLE			☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREE	T ADDRESS	s
CITY-ST-ZIP				5.4 CITY- S	T-ZIP	
TITLE			DELETE	6.1 TITLE		· Change Addition
NAME				6.2 NAME	1	
STREET ADDRESS				6.3 STREE	T ADDRESS	s
CITY-ST-ZIP				6.4 CITY-5	T-ZIP	
ULLITOITAIT						1

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 arn 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: