

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 9:25**

DOCUMENT # J91133 (5)
1. Corporation Name
JWC HOLDINGS CORPORATION

Principal Place of Business: **4010 BOY SCOUT BLVD. TAMPA FL 33607-5750**
Mailing Address: **4010 BOY SCOUT BLVD. TAMPA FL 33607-5750**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/08/1987	3a. Date of Last Report 02/07/1994
21	22. Suite, Apt. #, etc.		26	4. FEI Number 59-2947182	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23	27. City & State		27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	24. Zip	25. Country	28. City & State	28	6. Election Campaign Financing Trust Fund Contribution
29	29. Zip	30. Country	30	30	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSKY, WALTER F.	1.2 NAME	
STREET ADDRESS	500 BEACON PKWY WEST	1.3 STREET ADDRESS	
CITY - ST - ZIP	BIRMINGHAM AL	1.4 CITY - ST - ZIP	
TITLE	DVST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, WILLIAM B.	2.2 NAME	
STREET ADDRESS	500 BEACON PKWY WEST	2.3 STREET ADDRESS	
CITY - ST - ZIP	BIRMINGHAM AL	2.4 CITY - ST - ZIP	
TITLE	AV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLIO, MARK A.	3.2 NAME	
STREET ADDRESS	4010 BOY SCOUT BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	
TITLE		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		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(A), 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 an officer 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 I am a director or an officer with an address.

SIGNATURE: Mark A. DeLillo **Mark A. DeLillo** 1/24/95 **(913) 873-4305**
DATE: _____