

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P95000074256 (5)**

1. Corporation Name  
**JCR, INC.**



Principal Place of Business  
**5730 BOWDEN ROAD  
SUITE 307  
JACKSONVILLE FL 32216**

Mailing Address  
**5730 BOWDEN ROAD  
SUITE 307  
JACKSONVILLE FL 32216**

3. Date Incorporated or Qualified **09/26/1995**      3a. Date of Last Report

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

2a. Mailing Address  
26. State, Apt. #, etc.  
27. City & State  
28. Zip      29. Country  
30. Country

4. FEI Number **59-3336606**      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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**JONES, RICHARD K ESQ.  
TAYLOR, MOSELEY & JOYNER, P.A.  
501 WEST BAY STREET  
JACKSONVILLE FL 32202-4428**

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 607.1501, 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 607.0501, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADEEB, JOSEPH III</b>	12. NAME	
STREET ADDRESS	<b>5730 BOWDEN ROAD, SUITE 307</b>	13. STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	14. CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PUTNAM, RICHARD A</b>	22. NAME	
STREET ADDRESS	<b>5730 BOWDEN ROAD, SUITE 307</b>	23. STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32216</b>	24. CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, CRAIG M</b>	32. NAME	
STREET ADDRESS	<b>139 CITY SMITTY DRIVE</b>	33. STREET ADDRESS	
CITY-ST-ZIP	<b>ST. MARYS GA 31558</b>	34. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

**000001842010**  
**-05/29/96--01021--041**  
**\*\*\*200.00**

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)(k), 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 person or trustee or trustee-in-profile authorized 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 appointment with an address.

SIGNATURE: *Richard A Putnam*      **Richard A PUTNAM**      3-18-96      904 636 0838

CRCE034 (12/95)