

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 JCR, INC Suite, Apt. #, etc. 22 139 CITY SMITTY DRIVE City & State 23 ST MARYS, GEORGIA Zip Country 24 31558 25 USA	2a. Mailing Address 26 BONO'S BARBEQUE Suite, Apt. #, etc. 27 139 CITY SMITTY DRIVE City & State 28 ST MARYS, GEORGIA Zip Country 29 31558 30 USA
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3. Date Incorporated or Qualified 09/26/1995	4. FEI Number 59-3336606	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**JONES, RICHARD K ESQ.
 TAYLOR, MOSELEY & JOYNER, P.A.
 501 WEST BAY STREET
 JACKSONVILLE FL 32202-4428**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ADEEB, JOSEPH III
STREET ADDRESS	5730 BOWDEN ROAD, SUITE 307
CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PUTNAM, RICHARD A
STREET ADDRESS	5730 BOWDEN ROAD, SUITE 307
CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, CRAIG M
STREET ADDRESS	139 CITY SMITTY DRIVE
CITY-ST-ZIP	ST. MARYS GA 31558
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KENNETH W KARDASH
1.3 STREET ADDRESS	139 CITY SMITTY DRIVE
1.4 CITY-ST-ZIP	ST MARYS, GA 31558
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	S/T
2.3 STREET ADDRESS	MARGUERITE KARDASH
2.4 CITY-ST-ZIP	139 CITY SMITTY DRIVE
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE _____ **KENNETH W. KARDASH**
 PRESIDENT

CR2E034 (10/97)