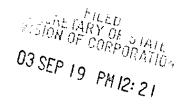
FOR PROFIT CORPORATION UMIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000021711 1. Entity Name

J INCORPORATED





	DO NOT WRIT	E IN THIS	SSPACE		
2. Principal Place of Business 12 NORTH 2ND STREET		3. Mailing Address 12 NORTH 2ND STREET		REINSTATEMENT 020	<u>3</u>
Suite, Apt.	#, etc.	Suite. Apt. #. 6	etc.	DO NOT WRITE IN THIS SPACE	
City & State FERNANDINA BEACH, FL		City & State FERNANDINA BEACH. FL		4. FEI Number 59-3700818 Applied For Not Applicable	e
Zip 32034	Country NASSAU	^{Zip} 32034	Country NASSAU	5. Certificate of Status Desired Section Secti	
	DO NOT V	VRITE		7. Name and Address of Current Registered Agent IN K. MCCUNE ss (P.O. Box Number is Not Acceptable)	
	IN THIS S	PACE		H 2ND STREET ANDINA BEACH FL Zip Code 32034	
8. The above the obligat	named entity submits this statemen ions of registered agent.		nging its registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, types I whited name of registered ag		(NOTE: Registered Agent signature requ	TRUAS 9-9-3 Ired when reinstating) DATE	
	nuary 1 May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department	The move five.	_	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.		D DIRECTORS	7,80 MA (1,201) - 1	The state of the s	<u>]</u> _
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOHN K. MCCUNE 12 NORTH 2ND STREE EEDMANDINA BEACH		JIFLE: JAME STREET ADDRESS CITY-ST-21P	4000L3515714	34B (12/02
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CAROL A. MCCUNE 12 NORTH 2ND STREE	r	TITLE NAME STREET ADDRESS CITY-51-72P	10/02/03-=01064-026 **11/28-28	CRZEO
TITLE HAME STREET ADDRESS	FEDNANDINA REACH I		TITLE MAME.	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP TIFLE HAMES STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE: NAME: STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			ATTLE TO THE STREET ADDRESS OF THE STREET AD		Trade States
12. I hereby condicated	ertity that the information supplied w on this report or supplemental report	th this filing does not q is true and accurate a	ualify for the exemption stated in that my signature shall have the	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director	