

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 19 1997 8:00am
Secretary of State

DOCUMENT # 406386 (3)

1. Corporation Name
JACKSONVILLE WAREHOUSE CO.

Principal Place of Business

Mailing Address

5330 WEST FIFTH STREET
P.O. BOX 6623
JACKSONVILLE FL 32236

5330 WEST FIFTH STREET
P.O. BOX 6623
JACKSONVILLE FL 32236-6623



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

08/07/1972

3a. Date of Last Report

05/02/1996

4. FEI Number

59-1412644

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

SHEPHERD, FOSTER H
4928 ORTEGA FOREST DR.
JACKSONVILLE FL 32210

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCEO
NAME SHEPHERD, FOSTER H.
STREET ADDRESS 4928 ORTEGA FOREST DR.
CITY-ST-ZIP JACKSONVILLE FL 32210

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ST
NAME MILLER, CHARLES
STREET ADDRESS 216 HERMITAGE WAY
CITY-ST-ZIP ST. SIMONS ISLAND GA 31522

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME ZELL, CARLEY
STREET ADDRESS 427 W. WESLEY AVE.
CITY-ST-ZIP SEA ISLAND GA 31561

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V
NAME HIGHTOWER, WILL
STREET ADDRESS 5440 W 5TH ST
CITY-ST-ZIP JACKSONVILLE FL 32254

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE OFFICER
NAME John Shepherd
STREET ADDRESS 5778 Ft Sumpter Rd
CITY-ST-ZIP Jacksonville FL 32210

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE V
NAME Taylor, Norris E
STREET ADDRESS 1404 Rivergate Dr.
CITY-ST-ZIP Jacksonville FL 32223

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 904-786-0811

CR2E034 (9/96)