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

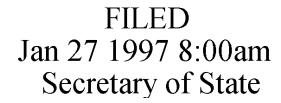
DOCUMENT # 427492

(4)

JWJ, INC.

Principal Place of Business

Mailing Address





2300 S W 3RD OCALA FL 3263		2300 S W 3HD AVE OCALA FL 34474-3654					
					3. Date incorporated or Qualified 06/05/1973	3a. Date of Last 02/27/1996	
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	1 7	Applied For
21		26			59-1463915	<u> </u>	ot Applicable
Suite, Apt a	#, etc	Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State			6. Election Campaign Financing	\$5.00	D May Be
23		28			Trust Fund Contribution	☐ Added	to Fees
Zφ	Country	7 ₁ p	Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25	[29]	30		Florida Statutes 10. Name and Address of New Reg	Yes Z No	
	g. Name and Address of Curre	ent Hegisterea Agent	8	1 Name	10. Name and Address of New Kel	istered Agent	<u></u> .
YARBROUGH, JESSE RAY				Name	e		
2300 S.W. 3RD AVE. OCALA FL 32740					Address (P.O. Box Number is Not Acceptable)		
			8	3			
			В			FL	Code
office or re		te of Florida. Such change was	authorized i	by the corpo	orporation submits this statement for the p ration's board of directors. I hereby accep		
SIGNATURE							
				gistered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12. 10/LE	PD	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change	
NAME	YARBROUGH, JESSE RAY		1.2 NAM	- 1			
STREET ADDRESS	RT. 1, BOX 1422			ET ADDRESS	6281 N.E. 60 Street		
City-St-ZiP	ANTHONY FL		1.4 CITY		Silver Springs, FL 34	488	
TITLE	STD	DELETE 2.1			ozzver oprzadoj ru o-v	Change	Addition
NAME	PAULEY, GARY WAYNE		2.2 NAMI				
STREET ADDRESS	RT. 1, BOX 1425		2.3 STRE	E1 ADDRESS			
CITY-S1-2IF	ANTHONY FL		2. 4 CITY	-ST-ZIP		, .	
TITLE			3 1 TITLE			Change	Addition
NAME			3.2 NAM	:			
STREET ADDRESS			3 3 STRE	ET ADDRESS			
City - ST - ZIP			3.4. CITY	-\$1-ZIP			
TITLE	☐ DELETE 4		4.1 TITLE			☐ Change	Addition
NAMÉ			4. 2 NAN	E			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY - ST - ZIP			4.4 CITY	ST ZIP			
TITLE		☐ DELETE	5.1 THE			☐ Change	Addition
NAME			5.2 NAM	:			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY - ST - ZIP			5.4 CITY	-ST-ZIP			
TITLE		DELETE	6.1 TITLE		-	Change	Addition
NAME			6.2 NAM	:			
STREET ADORESS			6.3 STRE	ET ADORESS			
CITY - ST - ZIP			64 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 eath; 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.

Jesse Ray Yarbrough 1-14-97