02-26-1999 90036 011 ***158.75

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

PROFIT CORPORATION ANNUAL REPORT

1999



Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

Katherine Harris

	OCUMENT	·#	427	492
4	Corneration Name			

JWJ. INC.

22

Principal Place of Business	Mailing Address
2300 S W 3RD AVE OCALA FL 32674	2300 S W 3RD AVE OCALA FL 32674
2. Principal Place of Business	2a. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State 28

29

Name and Address of Current Registered Agent

Country Country

DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 06/05/1973 4. FEI Number

59-1463915 5. Certificate of Status Desired

\$5:00 May Be 6. Election Campaign Financing Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax.

Added to Fees

DATE

₽No

Applied For

Not Applicable \$8.75 Additional

Fee Required

YARBROUGH, JE	ESSE RAY
2300 S.W. 3RD	AVE.
OCALA FL 3274	0

25

		gent	
		_	
Address (P.O. Box Number	is Not Acceptable)		
	FL	85	Zip Code
: :		Address (P.O. Box Number is Not Acceptable)	t Address (P.O. Box Number is Not Acceptable)

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.

30

12 . OFF		Signature, typed o	r printed name of i
	12.		OFF

SIGNATURE

egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ICERS AND DIRECTORS 13. ☐ Change Addition ☐ DELETE 1.1 TITLE TITLE YARBROUGH, JESSE RAY 12 NAME NAME 1 3 STREET ADDRESS 6281 NE 60 ST STREET ADDRESS SILVER SPRINGS FL 14 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Changē Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME: 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ DELETE ☐ Addition 5.1 TTLE TITLE 5.2 NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 61 TITLE Change □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 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, with all other like empowered.

CITY-ST-ZIP

OFFICER OR DIRECTOR

(352) 732-0550

CR2E034 (11/98)