

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morman Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 MAR 28 PM 2:06

DOCUMENT # 437718 (0)

1. Corporation Name
JAMESTOWN ESTATES, INC.

Principal Place of Business 6776 TOWNSEND RD JACKSONVILLE FL 32244	Mailing Address 6776 TOWNSEND RD JACKSONVILLE FL 32244
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/08/1973		3a. Date of Last Report 05/26/1994	
2. Principal Place of Business 21 [] Suite, Apt. #, etc.		2a. Mailing Address 25 [] Suite, Apt. #, etc.	
22 [] City & State		27 [] City & State	
23 [] Zip		28 [] Zip	
24 [] Country		29 [] Country	
4. FEI Number 59-1661324		Applied For 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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TIDWELL, JAMES T 6938 103RD ST 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 _____ DATE _____
(Signature of agent or person named in registered agent and that of corporation) (If FEI Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIDWELL, JAMES THOMAS	1.2 NAME	
STREET ADDRESS	616 BRECHIN DR.	1.3 STREET ADDRESS	
CITY ST ZIP	WINTER PARK FL	1.4 CITY ST ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIDWELL, ELIZABETH	2.2 NAME	
STREET ADDRESS	6938 103RD STREET	2.3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	2.4 CITY ST ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIDWELL, JAMES T.	3.2 NAME	
STREET ADDRESS	6938 103RD ST.	3.3 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(3)(b), 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: *Elizabeth Tidwell* 5/7

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELIZABETH TIDWELL

3/22/95 (904)

Date Digital (Form 8)
771-5917