FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **749806** **(6)**

1. Corporation Name

J'VILLE WHEELS, INC.

Principal Place of Business	Mailing Address
2674 TROLLIE LANE #5 JACKSONVILLE FL 32211	2674 TROLLIE LANE #5 JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/15/1979**
3a. Date of Last Report: **04/19/1994**
4. FEI Number: **59-1973135** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JERNIGAN, JASPER T.
2674 TROLLIE LANE #5
JACKSONVILLE, FL
32211

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	11 TITLE		☑ Change ☑ Addition
NAME	DONAHOO, CLYDE R.	12 NAME	(SAME)	
STREET ADDRESS	2341 SOMERSET RD.	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	14 CITY-ST-ZIP	zip 32210	
TITLE	VD	21 TITLE		☑ Change ☑ Addition
NAME	HARRELL, ANDREW M.	22 NAME		
STREET ADDRESS	RT 4, BOX 259	23 STREET ADDRESS	SAME	
CITY-ST-ZIP	LIVE OAK FL	24 CITY-ST-ZIP	zip 32060	
TITLE	D	31 TITLE		☑ Change ☑ Addition
NAME	BLOODWORTH, GEORGE	32 NAME		
STREET ADDRESS	1036 PERMENTO AVENUE	33 STREET ADDRESS	(SAME)	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	34 CITY-ST-ZIP	zip 32221	
TITLE	PDT	41 TITLE		☑ Change ☑ Addition
NAME	JERNIGAN, JASPER T.	42 NAME		
STREET ADDRESS	2674 TROLLIE LANE #5	43 STREET ADDRESS	(SAME)	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	zip 32211	
TITLE	D	51 TITLE		☑ Change ☐ Addition
NAME	SMITH, REESE	52 NAME		
STREET ADDRESS	2883 LORETTA RD	53 STREET ADDRESS	(SAME)	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	zip 32223	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jasper T. Jernigan 4-28-95 (904) 630-0778
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jasper T. Jernigan, President

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