

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F52649** (3)
1. Corporation Name
JOHN G'S, INC.

Principal Place of Business C/O JOHN G. GIRAGOS 10 SOUTH OCEAN BLVD. LAKE WORTH FL 33480	Mailing Address C/O JOHN G. GIRAGOS 10 SOUTH OCEAN BLVD. LAKE WORTH FL 33480
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		3. Date Incorporated or Qualified 10/28/1981	
29		30		4. FEI Number 59-2140700 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent GIRAGOS, JOHN G. 10 SOUTH OCEAN BLVD. LAKE WORTH FL 33480				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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIRAGOS, THERESE H			1.2 NAME			
STREET ADDRESS	7784 OAKMONT DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIRAGOS, JOHN G			2.2 NAME			
STREET ADDRESS	7784 OAKMONT DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL			2.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	YARBROUGH, WENDY THERESE			3.2 NAME			
STREET ADDRESS	3080 HOYLAKES RD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL			3.4 CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIRAGOS, JOHN GEORGE, JR			4.2 NAME			
STREET ADDRESS	5180 WOODSTONE CIRCLE E.			4.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL			4.4 CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIRAGOS, KEITH EDWARD			5.2 NAME			
STREET ADDRESS	32 WEST PALM AVE.			5.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CLANCEY, WILLIAM G			6.2 NAME			
STREET ADDRESS	10 SOUTH OCEAN BLVD.			6.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL			6.4 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.

SIGNATURE: _____ DATE: 4/28/98 (501) 585-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0041393

CR2E034 (10/97)