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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

> Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	F64778
1 Corporation Name	

J&DW	AGERER INC.						
Principal Place	of Rusiness	Mailing Address			1 188 168 161 161 161 161 161 161	1811 1818 1818 1818 1818 1818 1818 1818 1818 1818 1818 1818 1818 1818 1818 181	I BYBYL BIDIH HPBY
	_	P O BOX 2253					
RTE 2 80X 549 P O BOX 2253 LAKE CITY FL 32024 LAKE CITY FL 32056-2253							
US		US				E IN THIS SPACE	
					3. Date incorporated or Qualifed		Į.
					01/27/1982 4. FEI Number		Applied For
⊢ <u> </u>	ace of Business	2a. Mailing Address				 	Not Applicable
	228 Terrace	Suite, Apt. #, etc.			NOT APPLICABLE		Additional
Suite, Apt.	#, etc.	27			5. Certifcate of Status Desired	T	Required ~~~
City & State		City & State			6. Election Campaign Financing	_ \$5.00	0 May Be
23 hAK(28			Trust Fund Contribution	1 1	to Fees
Zip	Country	Zip	Country		8. This corporation owes the currer	nt year Intangible	
24 320.	2 4 25	29	30		Personal Property Tax.	☐ Yes	∐No
	9. Name and Address of Cur	rent Registered Agent		T	10. Name and Address of New Re	gistered Agent	<u>-</u> -
1440	COCO IOIN		81	Name			
!	ERER, JOHN		82	Street Add	ress (P.O. Box Number is Not Acceptab	ile)	
	2 BOX 549 E CITY FL 32024		-			 -	
LANC	CIT FL 32024		83		_		
			84	City	7	FI 85 Zip	Code
		0502 and 607 1508. Florida Statute	s the above	e-named corr	poration submits this statement for the p	urnose of changing i	ts registered
				o	* * * * * * * * * * * * * * * * * * *	the appointment as	ragicfored
office or r	egistered agent, or both, in the Sta	ate of Florida. Such change was aut	thorized by	the corporation	ion's board of directors. I hereby accept	the appointment as	registered
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such change was autiligations of Section 607.0505, Florid	thorized by da Statutes	the corporati	on's board of directors. Thereby accept		
office or n agent. I a	egistered agent, or both, in the Stam familiar with, and accept the obl	ate of Florida. Such change was autiligations of, Section 607.0505, Floridation agent and title if applicable. (NOTE: F	thorized by da Statutes Registered Ager	the corporati	on's board of directors, I hereby accept	DATE .	
office or reagent. I as SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered OFFICERS	ate of Florida. Such change was autiligations of, Section 607.0505, Floridagent and title if applicable. (NOTE: F	thorized by da Statutes Registered Ager	the corporati	on's board of directors. Thereby accept	DATE .	TORS IN 12
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP