

2-6-95 6-907-C
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam 208.75
Secretary of State 0 SL
DIVISION OF CORPORATIONS

DOCUMENT # F93000003306 (8)

1. Corporation Name

JW & CR, INC.

Principal Place of Business

C/O CARL REAGAN
8418 TALLMADE ROAD
RAVENNA OH 44266

Mailing Address

C/O CARL REAGAN
8418 TALLMADE ROAD
RAVENNA OH 44266

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/19/1993

3a. Date of Last Report
02/22/1994

4. FEI Number
34-1711702

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

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

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASEY, PATRICK J ESQ.
515 NO. FLAGLER DRIVE, #1900
WEST PALM BEACH FL 33401

81 Name

Carl W. Reagan

82 Street Address (P.O. Box Number is Not Acceptable)

5961 N.W. 2nd Ave. PH-K

83

84 City

Boca Raton,

FL

85 Zip Code
33487

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 Carl W. Reagan

Signature, typed or printed name of registered agent and the if applicable.

(NOTE: If a new agent is required when constituting)

DATE

1/23/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTCD
REAGAN, CARL
8418 TALLMADGE ROAD
RAVENNA OH 44266

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

Pres. & Dr.
REAGAN, CARL
5961 N.W. 2nd Ave PH-K
Boca Raton, FL. 33487

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VS & Dr.
REAGAN, LORRAINE
8418 TALLMADGE ROAD
RAVENNA OH 44266

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 included 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL W. REAGAN

216-654-5991

1/23/95

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