

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003306

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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90042 035 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/19/1993

4. FEI Number
34-1711702

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

REAGAN, CARL W.
5961 N.W. 2ND AVE.
PH-K
BOCA RATON FL 33487

Change of
Address →

10. Name and Address of New Registered Agent

81 Name CARL W. Reagan
82 Street Address (P.O. Box Number is Not Acceptable)
5910 N.W. 2 AVE
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)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 3-24-99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME REAGAN, CARL
STREET ADDRESS 5961 N.W. 2ND AVE PH-K
CITY-ST-ZIP BOCA RATON FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 5910 NW 2 Ave
1.4 CITY-ST-ZIP Boca Raton FL 33487

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: LORRAINE REAGAN (Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/99 (561) 997-0637
Date Daytime Phone #

CR2E034 (11/98)