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Apr 27, 1999 8:00 am
Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # F96000002645

1. Corporation Name

JJW DEVELOPMENT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**JJW DEVELOPMENT, INC.
301-B S MAIN ST. STE. 303
ELKHART IN 46515
US**

Mailing Address

**JJW DEVELOPMENT, INC.
P.O. BOX 1685
ELKHART IN 46515-1685
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

28 Zip Country

3. Date Incorporated or Qualified

05/24/1996

4. FEI Number

35-1983930

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **RICHARDSON, JILL R**
STREET ADDRESS **22123 SUNSET LN**
CITY-ST-ZIP **ELKHART IN 46516**

TITLE **DS** ☐ DELETE
NAME **WELTER, JACK E**
STREET ADDRESS **51703 PACKARD DR**
CITY-ST-ZIP **MIDDLEBURY IN 46540**

TITLE **D** ☐ DELETE
NAME **WELTER, WILHELMINA**
STREET ADDRESS **21027 RIVERBROOK LN**
CITY-ST-ZIP **BRISTOL IN 46507**

TITLE **D** ☐ DELETE
NAME **WELTER, EDWARD P**
STREET ADDRESS **21207 RIVERBROOK LN**
CITY-ST-ZIP **BRISTOL IN 46507**

TITLE **S** ☐ DELETE
NAME **GILLARD, CYNTHIA S**
STREET ADDRESS **121 W FRANKLIN ST #400**
CITY-ST-ZIP **ELKHART IN 46516-3284**

TITLE ☐ DELETE
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

1.4 CITY-ST-ZIP

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:

Jill Richardson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jill Richardson
President

4.22.99 *219-523-1925*
Date Daytime Phone #

CR2E034 (11/98)