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

**FILED** Feb 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # **G79269** (8)J. G. W., INC. Principal Place of Business Mailing Address % JACK G. WHIDDON, SR. % JACK G. WHIDDON, SR. 748 RED FERN RD 748 RED FERN RD TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/18/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2370200 Not Applicable 26 Suite Apt # etc. Suite Ant # etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country Zip This corporation owes or has paid the current year Intengible □ No 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WHIDDON, JACK G., SR. Name 748 RED FERN RD. Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32308 83 84 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutos, 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, typical or printed native of regelected agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE WHIDDON, JACK G., SR. CR2E034 NAME 1.2 NAME 748 RED FERN RD. STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 14 CITY-ST-ZIP Addition TITLE DELETE 2.1 THILE Change WHIODON, DONALD T. NAME 2.2 NAME **1008 LIVELY STREET** 2.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition THUE 3.1 TITLE TULLY, KATHRYN W. NAME 3.2 NAME 4320 OAKMONT DR. 3 3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 3.4. CiTY - ST- ZiP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change 5 f TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE 61 TITLE Change Addition TITLE

14. Thereby 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

6.2 NAME 6 3 STREET ADDRESS

64 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-2IP