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

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Can I man Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 97 APR 28 AM 11: 14 DOCUMENT # **H78209** SECRETARY OF STATE TALLAHASSEE FLORIDA JC & C ASSOCIATES, INC. Principal Place of Business Mailing Address 1350 E-4 MAHAN DRIVE. #274 1350 E-4 MAHAN DRIVE. #274 TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 3. Date Incorporated or Qualified 3a. Date of Last Report 09/25/1985 06/21/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 26 59-2579427 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5,00 May Be 28 Trust Fund Contribution Added to Fees 23 Zip Zip Country 6. This corporation has liability for intangible tax under s. 199.032. 30 Florida Statutes Yes No 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name WHITESIDE-CURRY, C 1350 E-4 MAHAN DRIVE, #274 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32308 **B3** City 84 Zip Code 85 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. Stigrature, typoid or ponted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. (96/6) DELETE 1.1 TITLE THLE Whiteside-Curry, C 3927 Crawfordville Hwy, #200/7 WHITESIDE-CURRY, C. 1.2 NAME NAME 1000 SEMINOLE DRIVE 1.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32301 Tallahassee, FL CITY-ST-76 1.4 CHY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition CURRY, JOSEPH NAME 2.2 NAME Curry, Joseph 3927 Crawfordville Hwy, #200/7 1000 SEMINOLE DRIVE STREET ADORESS 2.3 STREET ADDRESS TALLAHASSEE FL 32301 Tallahassee, FL 32310 CHY-ST-ZIE 2 4 City-ST-ZIP DELETE Change a 1 TITLE Tilt(E 400002156294---04/28/97--01041--009 NAM: 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS \*\*\*\*165.00 \*\*\*\*165.00 3.4. CITY - ST - ZIP CITY-ST-2IP DELETE Change Addition 41 TITLE THUE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 0:17 - S1 - 7:P 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ration supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes. I further certify that the inual proof or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under or proporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name of it changed, or on an attachysent with an address. 14. I do hereby certify the information indical appears in Brock

REQUIRED

SIGNATURE

(904) 942-6188

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