FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J18345** **(5)**

1. Corporation Name

JANEWOOD, INC.

Principal Place of Business

40 LINWOOD RD.
FT. WALTON BEACH FL 32547
US

Mailing Address

40 LINWOOD RD
FT. WALTON BEACH FL 32547
US

3. Date Incorporated or Qualified: **06/09/1986**

3a. Date of Last Report: **04/14/1995**

4. FEI Number: **59-2684114** ☐ 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 (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

FOSTER, WILLIAM SCOTT
909 MAR WALT DRIVE
SUITE 1014
FORT WALTON BEACH FL 32548

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 607.1005 and 617.1905, 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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.325, Florida Statutes.

SIGNATURE _____ Date _____

12. OFFICERS AND DIRECTORS

TITLE	**DP**	☐ DELETE
NAME	**WYATT, ALICE WOOD**	
STREET ADDRESS	**40 LINWOOD ROAD**	
CITY-ST-ZIP	**FT. WALTON BEACH FL**	
TITLE	**DV**	☐ DELETE
NAME	**WYATT, JAMES EDWARD**	
STREET ADDRESS	**40 LINWOOD ROAD**	
CITY-ST-ZIP	**FT. WALTON BEACH FL**	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-TITLE	☐ Change	☐ Addition
1-NAME		
1-STREET ADDRESS		
1-CITY-ST-ZIP		
2-TITLE	☐ Change	☐ Addition
2-NAME		
2-STREET ADDRESS		
2-CITY-ST-ZIP		
3-TITLE	☐ Change	☐ Addition
3-NAME		
3-STREET ADDRESS		
3-CITY-ST-ZIP		
4-TITLE	☐ Change	☐ Addition
4-NAME		
4-STREET ADDRESS		
4-CITY-ST-ZIP		
5-TITLE	☐ Change	☐ Addition
5-NAME		
5-STREET ADDRESS		
5-CITY-ST-ZIP		
6-TITLE	☐ Change	☐ Addition
6-NAME		
6-STREET ADDRESS		
6-CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report is complete, true and accurate and that, subject to any exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental 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 all other like empowered.

SIGNATURE: Alice Wood Wyatt 4/15/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone Number _____

CR2E034 (12/95)