

**ANNUAL REPORT
1995**

**SECRETARY OF STATE
DIVISION OF CORPORATIONS**

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DOCUMENT # K53070 (4)

1. Corporation Name

J C W, INC.

Principal Place of Business

% JOHN C. WILSHUSEN
207 SOUTH LOCKMOOR AVENUE
TEMPLE TERRACE FL 33617

Mailing Address

% JOHN C. WILSHUSEN
207 SOUTH LOCKMOOR AVENUE
TEMPLE TERRACE FL 33617

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/20/1988

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2932923

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

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSHUSEN, JOHN C.
207 SOUTH LOCKMOOR AVENUE
TEMPLE TERRACE FL 33617

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILSHUSEN, RUSSELL E.
STREET ADDRESS	1930 W. SAN MARCOS BLVD.
CITY - ST - ZIP	SAN MARCOS CA
TITLE	D
NAME	WILSHUSEN, ANN S.
STREET ADDRESS	1930 W. SAN MARCOS BLVD.
CITY - ST - ZIP	SAN MARCOS CA
TITLE	DS
NAME	KEITH, SANDRA L
STREET ADDRESS	17 BAYVIEW
CITY - ST - ZIP	OSPREY FL
TITLE	DP
NAME	WILSHUSEN, JOHN
STREET ADDRESS	207 S. LOCKMOOR AVE.
CITY - ST - ZIP	TEMPLE TERRACE FL
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	
1.4 CITY - ST - ZIP	#106
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	#106
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	320 BAY VISTA AVE.
3.4 CITY - ST - ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	WILSHUSEN, JOHN C.
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

JOHN C. WILSHUSEN

4/6/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed