

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 # **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**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

g. Name and Address of Current 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 filer if applicable

(If OFF - Registered Agent signature required when not state agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSHUSEN, RUSSELL E.	
STREET ADDRESS	1930 W SAN MARCOS BLVD., #106	
CITY-ST-ZIP	SAN MARCOS CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILSHUSEN, ANN S.	
STREET ADDRESS	1930 W. SAN MARCOS BLVD., #106	
CITY-ST-ZIP	SAN MARCOS CA	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KEITH, SANDRA L	
STREET ADDRESS	320 BAY VISTA AVE	
CITY-ST-ZIP	OSPREY FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WILSHUSEN, JOHN C	
STREET ADDRESS	207 S. LOCKMOOR AVE.	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John C. Wilshusen* **JOHN C. WILSHUSEN** 4/3/96

Date

Telephone

CR2E034 (12/95)