

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

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90094 006 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # K53070**

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 <b>12/20/1988</b>	
4. FEI Number <b>59-2932923</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	26	Suite, Apt. #, etc.	
22	27	City & State	
23	28	City & State	
24	25	29	30
Zip Country		Zip Country	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

SIGNATURE: \_\_\_\_\_ Date: **2/18/99** Daytime Phone # \_\_\_\_\_

CR2E034 (1/198)