

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

FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L56078** (3)  
1. Corporation Name  
**J.C. WAREHOUSING, INC.**

Principal Place of Business  
**7035 PINE HOLLOW DR  
MONT DORA FL 32757  
US**

Mailing Address  
**7035 PINE HOLLOW DR  
MONT DORA FL 32757-9112  
US**



2. Principal Place of Business <b>21 2701 Industrial Ave 3</b>		2a. Mailing Address <b>26 2701 Industrial Ave 3</b>		3. Date Incorporated or Qualified <b>03/06/1990</b>	3a. Date of Last Report <b>02/15/1996</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0184135</b>	Applied For Not Applicable
City & State <b>22 Ft Pierce Fl</b>		City & State <b>27 Ft Pierce Fl</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip <b>23 34946</b>		Country <b>28 USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>24 USA</b>		Zip <b>29 34946</b>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CAMPOLA, JOHN T. 2500 ISOLABELLA DRIVE FT. PIERCE FL 34981</b>				10. Name and Address of New Registered Agent	
81 Name <b>John L Campola</b>				82 Street Address (P.O. Box Number is Not Acceptable) <b>2701 Industrial Ave 3</b>	
83				84 City <b>Ft Pierce FL</b>	
85 Zip Code <b>34946</b>					

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMPOLA, JOHN T.</b>	1.2 NAME	
STREET ADDRESS	<b>7035 PINE HOLLOW DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MOUNT DORA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMPOLA, JOHN L</b>	2.2 NAME	
STREET ADDRESS	<b>1305 WHITE OAK LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT PIERCE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMPOLA, ROBERTA</b>	3.2 NAME	
STREET ADDRESS	<b>7035 PINE HOLLOW DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MOUNT DORA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/97

561-464-5454

Date

Daytime Phone #

CR2E034 (9/96)