5/1/2003-90369-001-$150.00-$150.00

FILED

03 JUN 10 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000101681

1. Entity Name
JWT ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1555 CARLTON CENETARY ROAD PERRY, FL 32348	PO BOX 860 PERRY, FL 32348
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 50-0006172 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TAYLOR, JAMES ~~292 GRAHAM RD ON TIMBER ISLAND~~ ~~CARRABELLE, FL 32322~~	Name: Street Address (P.O. Box Number is Not Acceptable): 1555 CARLTON CEMETARY RD City: PERRY FL Zip Code: 32348

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2003 Fee will be $550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAYLOR, JAMES ~~292 GRAHAM RD ON TIMBER ISLAND~~ ~~CARRABELLE, FL 32322~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1555 CARLTON CEMETARY RD PERRY FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAYLOR, WYNETTE ~~292 GRAHAM RD ON TIMBER ISLAND~~ ~~CARRABELLE, FL 32322~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1555 CARLTON CEMETARY RD PERRY FL 32348
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

OR2E034 (10/02)

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wynette Taylor Wynette Taylor V.P. 4-29-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

850 584 6593