

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000153833

1. Entity Name
JWS INC.



Principal Place of Business
112 W GREEN ST
PERRY, FL 32347

Mailing Address
112 W GREEN ST
PERRY, FL 32347

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10052007

REINSTATEMENT (1/07)

4. FEI Number

20 816 5336

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPRINGER, ROBERT J
112 W GREEN ST
PERRY, FL 32347

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10/6/07

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SPRINGER, ROBERT J
STREET ADDRESS 112 W GREEN ST
CITY-ST-ZIP PERRY, FL 32347

TITLE D ☐ Delete
NAME SPRINGER, JUDY E
STREET ADDRESS 112 W GREEN ST
CITY-ST-ZIP PERRY, FL 32347

TITLE ☐ Delete
NAME *M 10/12*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME *000110613480*
STREET ADDRESS *10/11/07--01006--016*
CITY-ST-ZIP ***150.00*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/07

Date

850 584 3160

Daytime Phone #

FILED
07 OCT 11 AM 9:47
TALLAHASSEE, FLORIDA



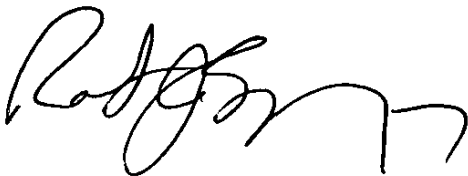
October 5, 2007

Divisions of Corporations
P O Box 8800
Tallahassee Fl 32314

Ref: JWS Inc
112 W Green St
Perry Fl 32347

We did not receive any notice prior to this today. We DO NOT
want to dissolve this corporation. Annual fee of \$150.00 enclosed.

Thank you,

A handwritten signature in black ink, appearing to read 'Robert J Springer', with a stylized, flowing script.

Robert J Springer