

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P32132

1. Corporation Name

W.J. DEVELOPMENT CORPORATION

Principal Place of Business

ST AUGUSTINE MARINE  
404 SOUTH RIBERIA ST  
ST AUGUSTINE FL 32084  
US

Mailing Address

ST AUGUSTINE MARINE  
404 SOUTH RIBERIA ST  
ST AUGUSTINE FL 32084  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SPIRES, CHARLES  
404 SOUTH RIBERIA STREET  
ST AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1990

4. FEI Number

22-2987487

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election, Campaign, Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

*Charles Spires*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME LUHRS, JOHN H.  
STREET ADDRESS 6729 LINFORD LANE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VPSD ☐ DELETE

NAME LUHRS, WARREN R.  
STREET ADDRESS ROUTE 441  
CITY-ST-ZIP ALACHUA FL

TITLE ☐ DELETE

NAME STEWART, BILL  
STREET ADDRESS ROUTE 441, P.O. BOX 1030  
CITY-ST-ZIP ALACHUA FL

TITLE V ☐ DELETE

NAME SPIRES, CHARLES  
STREET ADDRESS ROUTE 441  
CITY-ST-ZIP ALACHUA FL

TITLE AS ☐ DELETE

NAME MCOMBER, RICAHRD  
STREET ADDRESS 54 SHREWSBURY AVE  
CITY-ST-ZIP RED BANK NJ

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

404 S. Riberia St.  
St. Augustine, FL 32084

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*William Spires* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99

Date

(604) 84-4394

Daytime Phone #

CR2E034 (11/98)

001/031

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90077 019 \*\*\*150.00

