**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000075454 (7)**

1. Corporation Name
**JWMC, INC.**

Principal Place of Business
~~800 NW FORK RD., #6-11~~
~~STUART FL 34994~~

Mailing Address
~~800 NW FORK RD., #6-11~~
~~STUART FL 34994~~

3. Date Incorporated or Qualified: **10/25/1993**
3a. Date of Last Report: **08/11/1995**

2. Principal Place of Business
21 2215 East 6th Street
Suite, Apt. #, etc.
22
City & State
23 Lehigh Acres, FL
Zip 24 33936 Country 25 USA

2a. Mailing Address
26 PO Box 1322
Suite, Apt. #, etc.
27
City & State
28 Lehigh Acres, FL
Zip 29 33970 Country 30 USA

4. FEI Number: **65-0478262** Applied For ☐ Not Applicable ☐

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
~~MCCONNELL, JAMES W~~
~~800 NW FORK RD., #6-11~~
~~STUART FL 34994~~

10. Name and Address of New Registered Agent
81 Name: Diane Coperthwaite
82 Street Address (P.O. Box Number is Not Acceptable): 2215 East 6th Street
83
84 City: Lehigh Acres FL 85 Zip Code: 33936

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: Diane Coperthwaite
Signature, typed or printed name of registered agent, title if applicable
Diane Coperthwaite August 1, 1996
(For a Registered Agent, signature, typed or printed name, date of signing)

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | CPTS | ☐ DELETE |
| NAME | MCCONNELL, JAMES W | |
| STREET ADDRESS | ~~800 NW FORK RD., STE. 6-11~~ | |
| CITY-ST-ZIP | ~~STUART FL 34994~~ | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | 2215 East 6th Street | |
| 1.4 CITY-ST-ZIP | Lehigh Acres, FL 33936 | |
| 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 | | |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** James W. McConnell July 30, 1996 (941)369-0804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)