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 # P94000008441 (5)

1. Corporation Name

J. W. FORD, INC.

Principal Place of Business

390 N ORANGE AVE
SUITE 1100
ORLANDO FL 32801

Mailing Address

390 N ORANGE AVE
SUITE 1100
ORLANDO FL 32801

2. Principal Place of Business
21 1705-D2 Colonial Blvd.
Suite, Apt. # etc.
22
City & State
23 Fort Myers, FL
Zip
24 33907
Country
25 USA

2a. Mailing Address
26 1705-D2 Colonial Blvd.
Suite, Apt. # etc.
27
City & State
28 Fort Myers, FL
Zip
29 33907
Country
30 USA

3. Date Incorporated or Qualified: 01/24/1994

3a. Date of Last Report: 05/01/1995

4. FEI Number: 65-0466933 — 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 X No

9. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES OF CENTRAL FL,INC
390 N ORANGE AVE
SUIE 100
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name: Terry V. Broughton
82 Street Address (P.O. Box Number is Not Acceptable): 1705-D2 Colonial Blvd.
83
84 City: Fort Myers FL 85 Zip Code: 33907

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 [signature] Terry V. Broughton Date 3/6/96

12. OFFICERS AND DIRECTORS

TITLE	PD	X DELETE
NAME	FORD, JOHN W	
STREET ADDRESS	10587 ROXBURY CT	
CITY-ST-ZIP	LEHIGH FL 33936	
TITLE	S	X DELETE
NAME	APTHORP, JAMES W	
STREET ADDRESS	15310 AMBERLY DR. SUITE 220	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		☐ DELETE
NAME		
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE	PDS	XX Change ☐ Addition
1-2 NAME	Janie B. Hooker	
1-3 STREET ADDRESS	8801 College Pkwy., Suite 1	
1-4 CITY-ST-ZIP	Fort Myers, FL 33919	
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		

CR2E034 (12/95)

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)(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] Janie B. Hooker 4/8/96 (914) 481-5999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR