


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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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

**1705-D2 COLONIAL BLVD
FT MYERS FL 33907
US**

Mailing Address

**1705-D2 COLONIAL BLVD
FT MYERS FL 33907
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 **226 E. JOEL BLVD**

Suite, Apt. #, etc.

22

City & State

23 **LEHIGH ACRES FL**

Zip

24 **33972**

Country

25 **USA**

2a. Mailing Address

26 **226 E. JOEL BLVD**

Suite, Apt. #, etc.

27

City & State

28 **LEHIGH ACRES, FL**

Zip

29 **33972**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**BROUGHTON, TERRY V
1705-D2 COLONIAL BLVD
FT MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name

ALLISON, JANET

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

226 E. JOEL BLVD.

83

84 City

LEHIGH ACRES,

FL

85 Zip Code

33972

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

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

JANET ALLISON

(NOTE: Registered Agent signature required when reinstating)

3-16-98

DATE

12. OFFICERS AND DIRECTORS

TITLE **PDS** ☒ DELETE

NAME **HOOKER, JANIE B**
STREET ADDRESS **8801 COLLEGE PKWY SUITE 1**
CITY-ST-ZIP **FT MYERS FL**

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P D** ☐ Change ☒ Addition

1.2 NAME **MORRIS, GREGORY M.**
1.3 STREET ADDRESS **226 E. JOEL BLVD**
1.4 CITY-ST-ZIP **LEHIGH ACRES, FL 33972**

2.1 TITLE **VP, T, D** ☐ Change ☒ Addition

2.2 NAME **HOLQUIST, LAURA A.**
2.3 STREET ADDRESS **226 E. JOEL BLVD.**
2.4 CITY-ST-ZIP **LEHIGH ACRES, FL 33972**

3.1 TITLE **VP, S, D** ☐ Change ☒ Addition

3.2 NAME **ALLISON, JANET**
3.3 STREET ADDRESS **226 E. JOEL BLVD**
3.4 CITY-ST-ZIP **LEHIGH ACRES, FL 33972**

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 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.

SIGNATURE

Janet Allison **3-16-98** **941-318-3229**

CR2E034 (10/97)