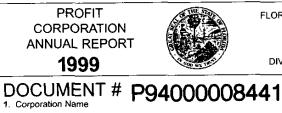
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

J. W. FORD, INC.



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## **FILED** Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90063 013 \*\*\*150.00



Principal Place of Business Mailing Address						1 168(1.88) tim ratti bildi aftit aftit batti attit attit batti attit attit attit attit attit attit attit attit
226 E JOEL BLVD		226 E JOEL BLVD				
LEHIGH ACRES FL 33972		LEHIGH ACRES FL 33972				DO NOT WRITE IN THIS SPACE
US		US				3. Date Incorporated or Qualifed
		•				01/24/1994
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0466933 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired See Required
22		27				
City & Stat	<b>e</b>	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
<b>Z</b> ip	Country	28	Cou	ntrv		8. This corporation owes the current year Intangible
24	25 29 30		_			Personal Property Tax.
	9. Name and Address of Curren	<del></del>	·			10. Name and Address of New Registered Agent
				81	Name	- "
ALLISON, JANET			82 Street Add		Street A	t Address (P.O. Box Number is Not Acceptable)
226 E JOEL BLVD						
LEHI	GH ACRES FL 33972			83		
				84	City	FL 85 Zip Code
		0 10074500 51 14 0444	- 451			d corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	ithorizec	I by	tne corpor	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE		NOTE:	Daniel		t constrain and	e required when reinstating) DATÉ
12.	Signature, typed or printed name of registered age	D DIRECTORS	13.	Agen	t signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TT	rle		☐ Change ☐ Addition
NAME	MORRIS, GREGORY M		1.2 N	ME		
STREET ADDRESS	226 E JOEL BLVD		1.3 \$1	REET	ADDRESS	s
CITY-ST-ZIP	LEHIGH ACRES FL 33972		1,4 CI	TY-S	r-ZIP	
MILE	VPTD	☐ DELETE	2.1 TI	πE		☐ Change ☐ Addition
NAME	HOLQUIST, LAURA A		22N	AME		
STREET ADDRESS	226 E JOEL BLVD		2.3 \$1	REET	ADDRESS	s
CITY-ST-ZIP	LEHIGH ACRES FL 33972		2 4 C	TY-S	T-ZHP	
TITLE	VPSD	☐ DELETE	3.1 TI	TLE		Change Addition
NAME	ALLISON, JANET		3.2 N	AME		
STREET ADDRESS	226 E JOEL BLVD		3.3 \$1	REET	FADDRESS	S
CITY-ST-ZIP	LEHIGH ACRES FL 33972		_		T-ZIP	Change Cl Addition
TITLE		☐ DELETE	4.1 TE			☐ Change ☐ Addition
NAME			4. 2 N			
STREET ADDRESS					ADDRESS	5
CITY-ST-ZIP			4.4 CI		r-ztP	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TI		1	Change Addition
NAME			5.2 N		T 40000000	
STREET ADDRESS					TADDRESS	3
CITY-ST-ZIP		C ACLETE	5.4 CI 6 1 TI		1-ZIP	Change Addition
TITLE		☐ DELETE	6.2 N			☐ cuante
NIA BAC	1		■ Q.Z IV	TAIL.		•

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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

Laura A. Holquist

6.3 STREET ADDRESS

64 CITY-ST-ZIP

2/25/99 941-368-6779