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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000017874 (6)

JBCN HOLDINGS, INC.

Principal Place of Business 801 LAUREL OAK DR. 802 Street Address (P.O. Box Number is Not Acceptable) 803 Street Address of Orerotation submits this statement for the purpose of changing its registered office or registered agent. In the State of I fortatic Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent. In the State of I fortatic Such Change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent. In the State of I fortatic Such Change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent. In the State of I fortatic Such Change was authorized by the corporation submits this statement for
SUITE 640 NAPLES FL 33108 NAPLES FL 33983 DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 03(03)(1994 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 4. Fill Number Applied For Not Applied
NAPLES FL 34108  NAPLES FL 33983  NAPLES FL 34108  NAPLES
2. Principal Place of Business
Principal Place of Business   2a. Meiling Address   4. FEI Number   Applied For   Not Applied For
Sulfe, Apt. #, etc.  City & State  Correct Agent Agent spi
Sulfa, Apt. #, etc.    Sulfa, Apt. #, etc.
City & State  Country  Country  Country  R. This corporation owes or has paid he current year Intangible Personal Property Tax due June 30.  Cy Yes   No  Respect   No  Re
City & State    City & State   City
Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip
Country   Zip
WOODWARD, MARK J 801 LAUREL OAK DR: SUITE 640 NAPLES FL 34108  82 Street Address (P.O. Box Number is Not Acceptable)  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, or both, and accept the obligations of, Section 607 0505, Florida Statutes  SIGNATURE  Signature byted or protect agent and titled applicable (NOT Registered Agent signature registed when reinstating)  DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D DELETE 1.1 TITLE  WAME  WOODWARD, MARK J  STREET ADDRESS  801 LAUREL OAK DR., SUITE 640  1.3 STREET ADDRESS  NAPLES FL  DELETE 2.1 TITLE  DELETE 2.1 TITLE  Change Addition  NAME
WOODWARD, MARK J 801 LAUREL OAK DR. SUITE 640 NAPLES FL 34108  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  Signature byted or proced name of registered agent and titled applicable:  OF FICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  OFFICERS AND DIRECTORS  1.3 STREET ADDRESS  801 LAUREL OAK DR., SUITE 640  1.3 STREET ADDRESS  NAPLES FL  ITILE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  Change  Addition
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NAPLES FL 34108  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, am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature typed or protect out-of-tegestried agent and title diapplicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D DELETE  1.1 ITILE  WOODWARD, MARK J  STREET ADDRESS  801 LAUREL OAK DR., SUITE 640  1.3 STREET ADDRESS  OITY-ST-2IP  NAPLES FL  1.4 CITY-ST-2IP  ITILE  DELETE  2.1 TITLE  Change  Addition  Change  Addition
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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  Signature typied or protect name of registered and titled applicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  WOODWARD, MARK J  STREET ADDRESS  801 LAUREL OAK DR., SUITE 640  1.3 STREET ADDRESS  CITY-ST-2IP  NAPLES FL  1.4 CITY-ST-2IP  DELETE  2.1 TITLE  Change Addition  Addition  Addition  Addition
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Agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature typed or printed name of registered agent and title diapplicable. (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DELETE  1.1 TITLE  WOODWARD, MARK J  STREET ADDRESS  801 LAUREL OAK DR., SUITE 640  1.3 STREET ADDRESS  CITY-ST-ZIP  NAPLES FL  DELETE  2.1 TITLE  Change  Addition  AMME  AMME  LONG  Change  Addition  Addition  AMME  AMME  AMME  LONG  Change  Addition  Addition  AMME  AMME
SIGNATURE    Signature typed or protect cance of registered agent and tilled applicable   (NOTE Registered Agent signature required when reinstating)   DATE
Signature typed or proceed name of required and citie of applicable   (NOTE Registered Agent signature required when reinstateg)   DATE
TITLE D DELETE 1.1 TITLE  NAME WOODWARD, MARK J  STREET ADDRESS  OITY-ST-ZIP  NAPLES FL  DELETE  1.2 NAME  1.2 NAME  1.3 STREE1 ADDRESS  1.4 CITY-S1-ZIP  DELETE  2.1 TITLE  NAME  2.2 NAME
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CITY-ST-ZIP         NAPLES FL         1.4 CITY-ST-ZIP           TITLE         DELETE         2.1 TITLE           NAME         Change         Addition
CITY-ST-ZIP         NAPLES FL         1.4 CITY-ST-ZIP           TITLE         DELETE         2.1 TITLE           NAME         Change         Addition
TITLE         DELETE         2.1 TITLE         Change         Addition           NAME         2.2 NAME
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CITY-ST-ZIP 44 CITY-ST-ZIP
TITLE DELETE 5 1 TITLE Change Addition
NAME 52 NAME
STREET ADDRESS 53 STREET ADDRESS
STREET ADDRESS  5.3 STREET ADDRESS  CITY-ST-ZIP  5.4 CITY-S1-ZIP
STREET ADDRESS 53 STREET ADDRESS

64 CITY-ST-ZIP 14. 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 1 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.

**FILED** 

May 14 1998 8:00am

Secretary of State