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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000029304 (0)

1. Corporation Name

SCJRW ENTERPRISES, INC.



Principal Place of Business

303 SW 170TH STREET  
GAINESVILLE FL 32669

Mailing Address

PO BOX 529  
NEWBERRY FL 32669-0529

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

JOHNSON, S C  
303 SW 170TH STREET  
GAINESVILLE FL 32669

10. Name and Address of New Registered Agent

81 Name

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, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	JOHNSON, STANLEY C	
STREET ADDRESS	303 SW 170TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32669	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	JOHNSON, JOHNNIE R	
STREET ADDRESS	303 SW 170TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32669	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BARKER, JIMMY C	
STREET ADDRESS	417 WYNFIELD CIRCLE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, LOIS M	
STREET ADDRESS	610 FOREST STREET	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD
3.3 STREET ADDRESS	BARKER, JIMMY C.
3.4 CITY-ST-ZIP	1483 BRIDGETTE WAY
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD
4.3 STREET ADDRESS	JOHNSON, LOIS M.
4.4 CITY-ST-ZIP	499 RIVER BEND RD.
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FRANKLIN, N.C.
5.3 STREET ADDRESS	28734
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Stanley Clyde Johnson* STANLEY CLYDE JOHNSON, 12 JAN. 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)