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PROFIT CORPORATION ANNUAL REPORT

1997

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	Mailing Address
303 SW 170TH STREET **GAINESVILLE FL 32669**	**PO BOX 529** **NEWBERRY FL 32669-0529**

3. Date Incorporated or Qualified: **04/18/1994**
3a. Date of Last Report: **02/07/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-3245447** ☐ 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 ☒ No

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 _____ (NOTE: If registered Agent's signature required when reinstating) DATE
Signature, type or print name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	11 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	JOHNSON, STANLEY C		12 NAME	DAVID S. JOHNSON	
STREET ADDRESS	303 SW 170TH STREET		13 STREET ADDRESS	5510 SW 18 ST.	
CITY-ST-ZIP	GAINESVILLE FL 32669		14 CITY-ST-ZIP	GAINESVILLE, FLA. 32608	
TITLE	VCD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, JOHNNIE R		22 NAME		
STREET ADDRESS	303 SW 170TH STREET		23 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32669		24 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	BARKER, JIMMY C		32 NAME		
STREET ADDRESS	1483 BRIDGETTE WAY		33 STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS FL		34 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, LOIS M		42 NAME		
STREET ADDRESS	499 RIVER BEND RD		43 STREET ADDRESS		
CITY-ST-ZIP	FRANKLIN NC		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: S. Clyde Johnson S. CLYDE JOHNSON 10 Jan 1997 352-472-4924