SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Aug 20 1997 8:00am

Secretary of State

Sendra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400031054 (7)

J & W INC. OF PERDIDO KEY

Principal Place of Business Mailing Address					, NOIND ILLU BELL BOIN OLLI UEDE ADDI
7213 FLOOD REEF		7213 FLOOD REEF			
PENSACOLA F	L 32507	PENSACOLA FL 32507		DO NOT WRITE	IN THIS SPACE
				DO NOT WRITE 3. Date Incorporated or Qualified	3a. Date of Last Report
				04/19/1994	i '
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address		4. FEI Number	04/23/1996
 1		26		59-3245084	Applied For Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		38-3243004	\$8.75 Additional
—		27		Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pai	
24	25	-	30	Personal Property Tax due June	- · - ·
	9. Name and Address of Curre			10. Name and Address of New Reg	
MCCALLUM, JAMES A 81 Name					
7010 ELAND DECC				ress (P.O. Box Number is Not Acceptable	(0)
PENSACOLA FL 32507				ress (F.O. box Number is Not Acceptable	.6)
			83		
			B4 City		FI 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statute	s. the above-named corr	poration submits this statement for the pr	urpose of changing its registered
of fice or r	egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida. Such change was a	uthorized by the corpora	tion's board of directors. I hereby accep	t the appointment as registered
	m tantillar with, and accept the con-	gations of, Section 607.0305, Flor	noa glatutes.		
SIGNATURE	Signature, typod or printed name of registered as	gent and little if applicable (NOTE	Registered Agent s gnature requi	ired when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	MCCALLUM, JAMES A		1.2 NAME		
STREET ADDRESS	7213 FLOOD REEF		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32507		1.4 CITY - ST - ZIP		
TITLE	D	DELETÉ	2.1 TITLE		Change Addition
NAME	MCCALLUM, JAMES W		22 NAME		
STREET ADDRESS	P O BOX 6125 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	N AUGUSTA SC 29841		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		— :-	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		
14. I do herek	by certify that the information supplied	ed with this filing does not qualify	for the exemption states	d in Section 119.07(3)(i), Florida Statutes	: I further certify that the
Informatio	n Indicated on this annual report or	supplemental annual report is to	in and accurate and that	t my signature shall have the same legal	affect as if made under noth that
appears i	n Block 12 or Block 13 if changed,	or diven attaches of trustee displayed	ess.	rt as required by Chapter 607, Florida St	aldies, and that my hame
•	Mons	Marin Com	* 1 1 8 2 3 4	11.11000	- 1/1/1/11