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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000073131 (2)

J & M KERSHAW, INC.

4500 HITLAND DOME	1600 HITLAND DOME
Principal Place of Business	Mailing Address

FILED Apr 21 1997 8:00am Secretary of State



NEW PORT R) DRIVE ICHEY FL 34655	1539 JUILAND DRIVE NEW PORT RICHEY FL	34655-4545					
					3. Date Incorporated or Qualified 10/03/1994	3a. Date of L 04/19/19	•	
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number	1 7 7 7	Applied For	
21		26			59-3271169		Not Applicable	
Sulte, Apt. #, etc. 27		Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Certificate of Status Desired	S8.75 Additional Fee Required		
City & Sta	te	City & State			6. Election Campaign Financing	\$5	.00 May Be	
23		28			Trust Fund Contribution		ided to Fees	
Zip	Country	Zip	Countr	У	8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30			🔀 Yes 🗌 No		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re-	Istered Agent		
GO	NZALES, LARRY J		81	Name				
	5 RIDGE ROAD		8;	Street Ado	dress (P.O. Box Number is Not Acceptab	le)		
	RT RICHEY FL 34668		8:		Toda (1.5. Dox rampor to how recopias			
			<u>-</u> -					
			8	City		FL 85	Zip Code	
44 Pureuant	to the provisions of Sections 607.05	502 and 607 1508 Florida Sta	dutes the above	ve-named cor	rogration submits this statement for the p		ing its registered	
office or	registered agent, or both, in the Sta	te of Florida. Such change wa	as authorized b	y the corpora	rporation submits this statement for the pation's board of directors. I hereby accep	t the appointme	nt as registered	
agent. I	am familiar with, and accept the obli	gations of, Section 607.0505,	Florida Statute	38.				
SIGNATURE	Signature, typed or printed name of registered a		1036 6 4		uired when reinstating)	DATE		
12.		ND DIRECTORS	13,	gent signature requ	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12	
TITLE	D	DELETE	1.1 TOLE		NDDITIONO/OT/NICEO TO OTTIO	Ch		
NAME	KERSHAW, JAMES		1.2 NAME					
STREET ADDRESS	1539 JUTLAND DRIVE		ı	ET ADDRESS				
	NEW PORT RICHEY FL 3465	Ę.	1.3 STAL					
CITY-ST-ZIP TITLE	D	DELFTE	21 TITLE	21-111		☐ Ch	ange Addition	
NAME	KERSHAW, MARGUERITE	DILL 10	22 NAMI					
				1				
STREET ADDRESS	NEW PORT RICHEY FL 3465	£		F1 ADDRESS				
CITY-ST-ZIP TITLE	NEW FURT NICHET PL 3400	DELETE	2. 4 CITY 3.1 TITLE			☐ Cr	ange Addition	
	1		3.2 NAMI				ange	
NAME				F1 ADDRESS				
STREET ADDRESS	` 							
CITY-ST-ZIP TITLE	 	DELETE	3.4 CITY 4.1 TITLE			Псн	ange Addition	
		با مددرو	4. 2 NAM			<u></u> ,	go	
NAME								
STREET ADDRESS	'			ET ADDRESS				
CITY-\$T-ZIP	 	DELETE	4.4 CITY- 5.1 TITLE			□ Ct	nange Addition	
TITLE							- J randon	
NAME			5.2 NAM					
STREET ADDRESS	1			E1 ADDRESS				
CITY-ST-ZIP	 	DELETE	5.4 CITY			T Cr	nange Addition	
TITLE		☐ DELETE	611111			니너	ionge Moutton	
NAME			6.2 NAM	1				
STREET ADDRESS	9]			ET ADDRESS				
CITY-ST-ZIP	1		6.4 CITY	-ST-ZIP				

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.

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Piz D41.0001