

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

FILED
Mar 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P 950000 16422 (4)
1. Corporation Name
J-CO Enterprises, Inc. of North Florida

Principal Place of Business Mailing Address
4027 N.W. 59th Ave
Gainesville, FL 32653

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 4027 N.W. 59 Ave	26 4027 N.W. 59 Ave	2/20/95	2-21-96
22 State, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
23 Gainesville	28 Gainesville Florida	59-3295689	Not Applicable
24 32653	25 Alachua	5. Certificate of Status Desired	\$8.75 Additional Fee Required
29 32653	30 Alachua	<input checked="" type="checkbox"/> <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
Robert E. Wilks
4027 N.W. 59 Ave
Gainesville, FL 32653

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: Robert E. Wilks, President
(NOTE: Registered Agent signature required when reinstating)
DATE: 2-24-97

12. OFFICERS AND DIRECTORS

TITLE	President P	<input checked="" type="checkbox"/> DELETE
NAME	Robert E. Wilks	
STREET ADDRESS	4027 N.W. 59 Ave.	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE	Secretary S	<input type="checkbox"/> DELETE
NAME	Susan K. Wilks	
STREET ADDRESS	4027 N.W. 59 Ave	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert E. Wilks	
1.3 STREET ADDRESS	4027 N.W. 59 Ave	
1.4 CITY-ST-ZIP	GAINESVILLE, FL 32653	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
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		

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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: Susan Wilks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 2/24/97
DAYTIME PHONE: 352 376-4868

CR2E034 (9/96)