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Feb 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000016422 (4)

1. Corporation Name

JCO ENTERPRISES, INC., OF NORTH FLORIDA

Principal Place of Business

Mailing Address

4027 N.W. 59 AVE.
GAINESVILLE FL 32653
US

4027 N.W. 59 AVE.
GAINESVILLE FL 32653
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/20/1995

4. FEI Number

59-3295689

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 13874 N.W Hwy 19

Suite, Apt. #, etc.

22

City & State

23 Chicland FL

Zip

24 32626

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

WILKS, ROBERT E
4027 N.W. 59 AVE.
GAINESVILLE FL 32653

10. Name and Address of New Registered Agent

81 Name

WILKS, Robert E

82

Street Address (P.O. Box Number is Not Acceptable)

13874 N.W Hwy 19

83

84

City Chicland

FL

85 Zip Code
32626

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

Susan Wilks

SUSAN WILKS

Sus.

1-28-98

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 0
NAME WILKS, ROBERT E
STREET ADDRESS 4027 N.W. 59 AVE
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE S
NAME WILKS, SUSAN
STREET ADDRESS 4027 N.W. 59 AVE
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME WILKS, Robert E.
1.3 STREET ADDRESS 13874 N.W Hwy 19
1.4 CITY-ST-ZIP Chicland, FL. 32626

2.1 TITLE S
2.2 NAME WILKS, SUSAN
2.3 STREET ADDRESS 13874 N.W Hwy 19
2.4 CITY-ST-ZIP Chicland FL. 32626

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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

CR2E034 (10/97)