

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000026317 (4)

1. Corporation Name

FLORIDA JHW, INC.



Principal Place of Business

P.O. BOX 927
CAPE CANAVERAL FL 32920-0927

Mailing Address

P.O. BOX 927
CAPE CANAVERAL FL 32920-0927

3. Date Incorporated or Qualified

03/30/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3332604

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

HUNTER, HAROLD T II
122 OCEAN GARDEN LANE
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

81

Name

HUNTER, HAROLD T. II

82

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

109 OCEAN GARDEN LANE

83

84

City

CAPE CANAVERAL

FL

85

Zip Code

32920

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 607.0502, Florida Statutes.

SIGNATURE

Signature of registered agent and title if applicable

(Not a registered agent signature required when reinstating)

DATE

4/10/96

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

HUNTER, HAROLD T II

STREET ADDRESS

109 OCEAN GARDEN LANE

CITY - ST - ZIP

CAPE CANAVERAL FL 32920

TITLE

☐ DELETE

NAME

WILLIAM BENNIX, TRST THE WILLIAM BENNIX REV & AMEND LIV TRUST FBO WILLIAM BENNIX U/ND 05/16/90

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

DSVP

☐ Change

☒ Addition

1.2 NAME

HUNTER, HAROLD T. II

1.3 STREET ADDRESS

109 OCEAN GARDEN LANE

1.4 CITY - ST - ZIP

CAPE CANAVERAL, FL 32920

2.1 TITLE

PTD

☐ Change

☒ Addition

2.3 STREET ADDRESS

124 OCEAN GARDEN LANE / P.O. BOX 927

2.4 CITY - ST - ZIP

CAPE CANAVERAL, FL 32920

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/10/96 407-784-4935

CR2E034 (12/95)