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 # **P95000032931 (4)**

1. Corporation Name

JCO, INC.

Principal Place of Business

[redacted]

Mailing Address

[redacted]

3. Date Incorporated or Qualified: 04/21/1995	3a. Date of Last Report: N/A
4. FEI Number: 65-0573020	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business
21: Suite 316
22: 1740 NW N. River Dr.
23: Miami FL
24: 33125 25: USA

2a. Mailing Address
26:
27: P.O. Box 14-1525
28: Coral Gables FL
29: 33114 30: US

9. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC.
201 SOUTH BISCAYNE BLVD.
SUITE 3000
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☐ Change ☐ Addition
TITLE	PRESIDENT.		1 TITLE	
NAME	JAMES E. CRAIG JR.		2 NAME	
STREET ADDRESS	P.O. 14-1525		3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33114		4 CITY-ST-ZIP	
TITLE	SECRETARY	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	GRAVEN W. CRAIG		2 NAME	
STREET ADDRESS	Rt 1 Box 222		2 STREET ADDRESS	
CITY-ST-ZIP	EARLYSVILLE, VA 22936		2 CITY-ST-ZIP	
TITLE		☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME			3 NAME	
STREET ADDRESS			3 STREET ADDRESS	
CITY-ST-ZIP			3 CITY-ST-ZIP	
TITLE		☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME			4 NAME	
STREET ADDRESS			4 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 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)(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: James E. Craig Jr. President 2/13/96 305-576 1208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

CR2E034 (12/95)