

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
May 19 1998 8:00am  
Secretary of State

DOCUMENT # P96000025451 (1)

1. Corporation Name  
J.W. LURES, INC.



Principal Place of Business  
5175 CHARLEMAGNE ROAD  
JACKSONVILLE FL 32210

Mailing Address  
5175 CHARLEMAGNE ROAD  
JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1996

4. FEI Number

59-3375114

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 5329 POWERS AVENUE

Suite, Apt. #, etc.

22

City & State

23 JACKSONVILLE, FL

Zip

24 32207

Country

25 U.S.A.

2a. Mailing Address

26 5329 POWERS AVENUE

Suite, Apt. #, etc.

27

City & State

28 JACKSONVILLE, FL

Zip

29 32207

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

SMITH, HAROLD W  
5175 CHARLEMAGNE ROAD  
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name

SMITH, MARK W.

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

5329 POWERS AVENUE

83

84 City

JACKSONVILLE, FL

FL

85 Zip Code  
32207

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 MARK W. SMITH - DIRECTOR

Signature, typed or printed name of registered agent and title of appointment

(NOTE: Registered Agent signature required when reinstating)

5/12/98

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME SMITH, HAROLD W  
STREET ADDRESS 5175 CHARLEMAGNE ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32210 ☒ DELETE

TITLE D  
NAME SMITH, MINNETTE C  
STREET ADDRESS 5175 CHARLEMAGNE ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32210 ☒ DELETE

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 D ☐ Change ☒ Addition  
1.2 NAME SMITH, MARK W.  
1.3 STREET ADDRESS 13850 THOMASVILLE CT.  
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32223

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME SMITH, H. WAYNE, JR.  
2.3 STREET ADDRESS 5050 CHARLEMAGNE ROAD  
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32210

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME JOHNSON, DONNA S.  
3.3 STREET ADDRESS 4665 LONG BOW ROAD  
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32210

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 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.

CR2E034 (10/97)