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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000070592 (6)

JW FINANCIAL, INC.

Mailing Address Principal Place of Business 7183 123RD CIRCLE NORTH 7183 123RD CIRCLE NORTH LARGO FL 33773-3037 **LARGO FL 33773** 3. Date Incorporated or Qualified 3a. Date of Last Report 08/23/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 7 p Country Country 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** Name PUNZAK, DAVID R 200 CENTRAL AVENUE BARNETT TOWER 82 Street Address (P.O. Box Number is Not Acceptable) 20H FLOOR 83 ST. PETERSBURG FL 33701 84 City 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 Superfore typicalor partied name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TUTLE KAVANAGH, JOHN 1.2 NAME 7183 123RD CIRCLE NORTH 1.3 STREET ADDRESS STREET ADDRESS LARGO FL 33773 City - ST - 7/P 1,4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE THILE SMITH, WONDEL JR NAME 2.2 NAME 7183 123RD CIRCLE NORTH 2.3 STREET ADDRESS STREET ADORESS LARGO FL 33773 2. 4 CITY - ST- ZIP

CITY - ST-ZIP 6.4 CITY - ST-ZIP 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 opporation 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

3.1 TITLE 3.2 NAME

41 TITLE 4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

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Secretary of State

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