

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

FILED
Jun 22 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 # P96000091917 (0)

1. Corporation Name:
JWMC, INC.



Principal Place of Business
ROUTE 2, BOX 1990
HAZELHURST GA 31539

Mailing Address
ROUTE 2, BOX 1990
HAZELHURST GA 31539

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/07/1996

4. FEI Number
APPLIED FOR Application attached ☒ 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
21 214 S. Williams St.
Suite, Apt. #, etc.

22 City & State
23 Hazlehurst, Ga.

24 31539 25 USA

26. Mailing Address
26 P.O. Box 644
Suite, Apt. #, etc.

27 City & State
28 Hazlehurst, Ga.

29 31539 30 USA

9. Name and Address of Current Registered Agent

EARLE, RICHARD T III
111 2ND AVENUE NE
SUITE 1401
ST. PETERSBURG FL 33701

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
CP	MAHAFFEY, JAMES W JR.	P.O. BOX 123, N/A	HAZLEHURST GA 31539	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 _____ 11/10/98 912-329-0962

CR2E034 (10/97)

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Form **SS-4**

(Rev. December 1995)

Department of the Treasury

Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

▶ Keep a copy for your records.

Please type or print clearly

1 Name of applicant (Legal name)

JWMCO, Inc.

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)

P.O. Box 644

5a Business address, if different from address in lines 4a and 4b

214 S. Williams St.

4b City, state, and ZIP code

Hazlehurst, Georgia 31539

5b City, state, and ZIP code

Hazlehurst, Georgia 31539

6 County and State where principal business is located

Jeff Davis

7 Name of principal officer, general partner, grantor, owner, or trustee-SSN required ▶

James W. Mahaffey, Jr. 266-71-6060

8a Type of entity (Check only one box.)

☐ Sole Proprietor (SSN)

☐ Partnership

☐ REMIC

☐ State/local government

☐ Other nonprofit organization (specify)

☐ Other (specify) ▶

☐ Personal service corp.

☐ Limited liability co.

☐ National guard

☐ Estate (SSN of decedent)

☐ Plan administrator-SSN

☒ Other corporation (specify)

☐ Trust

☐ Federal government/military

(enter GEN if applicable)

S-Corp.

☐ Farmers' cooperative

☐ Church or church controlled organization

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶

State

Florida

Foreign country

9 Reason for applying (Check only one box.)

☒ Started new business (specify) ▶

☐ Hired employees

☐ Created a pension plan (specify type) ▶

☐ Banking purpose (specify) ▶

☐ Changed type of organization (specify) ▶

☐ Purchased going business

☐ Created a trust (specify) ▶

☐ Other (specify) ▶

10 Date business started or acquired (Mo., day, year)

06-01-98

11 Enter closing month of accounting year.

December

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶

n/a

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural

0

Agricultural

0

Household

0

14 Principal activity ▶ Management Services

15 Is the principal business activity manufacturing?

If "Yes," principal product and raw material used ▶

☐ Yes

☒ No

16 To whom are most of the products or services sold? Please check the appropriate box.

☒ Public (retail)

☐ Other (specify) ▶

☐ Business (wholesale)

☐ N/A

17a Has the applicant ever applied for an identification number for this or another business?

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶

Trade name ▶

17c Approximate date when city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (Mo., day, year)

City, and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete

Name and title (Please type or print clearly) ▶

James W. Mahaffey, Jr., President

Business telephone number (include area code)

912-379-0960

Fax telephone number (include area code)

912-379-0970

Signature

Date ▶ 06/11/98

Note: Do not write below this line. For official use only.

Please leave blank ▶

Geo

Ind

Class

Size

Reason for applying