

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

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000101816 (2)

1. Corporation Name
J C J W, INC.

Principal Place of Business
1330-B N.W. 6TH STREET
GAINESVILLE FL 32601

Mailing Address
1330-B N.W. 6TH STREET
GAINESVILLE FL 32601



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3426 NW 43rd St. Suite, Apt. #, etc. 22 Suite B City & State 23 Gainesville, FL Zip 24 32606 Country 25 USA		2a. Mailing Address 26 3426 NW 43rd St. Suite, Apt. #, etc. 27 Suite B City & State 28 Gainesville, FL Zip 29 32606 Country 30 USA		3. Date Incorporated or Qualified 12/18/1996	
				4. FEI Number 59-3416025 Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SAIER, FRANK P ESQ.
1330-B N.W. 6TH STREET
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name	Saier, Frank P ESQ.
82 Street Address (P.O. Box Number is Not Acceptable)	3426 NW 43rd St.
83	Suite B
84 City	Gainesville, FL
85 Zip Code	32606

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTLEWORTH, JOSEPH	1.2 NAME	
STREET ADDRESS	19751 N.E. 87TH LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTLEWORTH, NEELY	2.2 NAME	
STREET ADDRESS	19751 N.E. 87TH LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILLISTON FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAIER, FRANK P	3.2 NAME	
STREET ADDRESS	1330-B N.W. 6TH STREET	3.3 STREET ADDRESS	3426 NW 43rd St., Suite B
CITY-ST-ZIP	GAINESVILLE FL 32601	3.4 CITY-ST-ZIP	Gainesville, FL 32606
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)