

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90136 031 ***150.00

DOCUMENT # P96000101816

1. Corporation Name

J C J W, INC.

New Name: Joseph Wattleworth & Associates, Inc.

Principal Place of Business

3426 NW 43RD ST
B
GAINESVILLE FL 32606
US

Mailing Address

3426 NW 43RD ST
B
GAINESVILLE FL 32606
US

2. Principal Place of Business

21 19751 NE 87 Ln

2a. Mailing Address

26 19751 NE 87 Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Williston Fl.

27 City & State

28 Williston Fl.

24 32696 25 Lowy 29 32696 30 Lowy

9. Name and Address of Current Registered Agent

SAIER, FRANK P ESQ.
3426 NW 43RD ST
B
GAINESVILLE FL 32606

3. Date Incorporated or Qualified

12/18/1996

4. FEI Number

59-3416025

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME WATTLEWORTH, JOSEPH
STREET ADDRESS 19751 N.E. 87TH LANE
CITY-ST-ZIP WILLISTON FL

☐ DELETE

TITLE ~~DOT~~
NAME ~~WATTLEWORTH, NEELY~~
STREET ADDRESS ~~19751 N.E. 87TH LANE~~
CITY-ST-ZIP ~~WILLISTON FL~~

☐ DELETE

TITLE ~~D~~
NAME ~~SAIER, FRANK P~~
STREET ADDRESS ~~3426 NW 43RD ST STE B~~
CITY-ST-ZIP ~~GAINESVILLE FL 32606~~

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Via President
~~None~~ Bonnie Wattleworth
536 Michigan Avenue, Apt B2
Evanston, IL 60202

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

none

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Joseph Wattleworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

352-528-3032

Date

Daytime Phone #

CR2E034 (11/98)