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

DOCUMENT # P97000084010 (2)

J. WARD, INC.

FILED May 13 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address		a somermite sim imiet imate datet adreit übeiti fibiidt in	ser memer dmeme trafte ante fami
7006 ATLANTIC BLVD		7006 ATLANTIC BLVD			
JACKBONVILLE FL 32211		JACKSONVILLE FL 32211		DO NOT WENT IN THE	ADAOF
				DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE
				09/26/1997	
2, Principal Pi	lace of Business	2e. Mailing Address		4. FEI Number	Applied For
21 5011	MI) SUNDOUSE	26 728 15th HOD	South	59. 3470344	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>		\$8.75 Additional
22 4321	-10 AVIOURIANAHA	7. 27		5, Certificate of Status Desired	Fee Required
City & State		City & State	110	6. Election Campaign Financing	\$5.00 May Be
23 K XX	· 11 14	28 TOX. 10).	711	Trust Fund Contribution	Added to Fees
7771	Country	├ <i>^ ^ / ^ ^ ` </i>	untry	8. This corporation owes or has paid the cu	
24 Oct 1	<u> </u>	29 22 30	,45, _		Yes No
10/4	Name and Address of Currer Name and Address of Currer	nt Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent
	RD, JENNIFER		Name		
7006 ATLANTIC BLVD			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32211			83		
			84 City	FL	85 Zip Code
44 Pursuant t	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes, the	hove-named corp	oration submits this statement for the purpose of	st changing its registered
office or re	e giste red agent, or both, in the State	of Florida. Such change was authorize	ad by the corporati	on's board of directors. I hereby accept the ap	pointment as registered
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature typed or prate traine of registered agent and title if upplicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AN			ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	DPVS	☐ DELETE 1.11	TITLE		☐ Change ☐ Addition
NAME	WARD, JENNIFER	1.21	NAME		
STREET ADDRESS	7006 ATLANTIC BLVD	1.3 \$	STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32211		CITY-ST-ZIP		
TITLE	vard, Jennifer		DTLE		Change Addition
NAME	7006 ATLANTIC BLVD		NAME		
STREET ADDRESS	JACKSONVILLE FL 32211		STREET ADDRESS		
CITY-ST-ZIP TITLE	WACKSONVILLE 12 SEE 11	DELETE 2.4 □ DELETE 3.11	CITY-ST-ZIP		Change Addition
NAME		_	AME		C outside T vanidus
STREET ADDRESS			STREET ADDRESS	÷	
CITY-ST-ZIP			CITY-ST-ZIP		1
TITLE			TITLE		Change Addition
NAME		4.2	NAME		
STREET ADDRESS		4.3 5	STREET ADDRESS		
CITY-ST-ZIP		4.4.0	CITY-ST-ZIP		
TITLE		25.22	ITLE		☐ Change ☐ Addition
NAME		5.2 M	IAME		
STREET ADDRESS		5.3 \$	STREET ADDRESS		
CITY-ST-ZIP			CITY - ST - ZIP		
TITLE		DELETE 6.11	ITLE		☐ Change ☐ Addition
NAME		6.2 M	IAME		
STREET ADDRESS		6.3 \$	TREET ADDRESS		
CITY-ST-ZIP	artification information and the		CITY-S1-ZIP	Section 110 07/3Vi) Florida Statutos I further a	

14. I hereby certify that the information supplied with this filing does not quality 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 eath; 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 chapted, or on an attackment with an address.

9/11/ 921 001