03-29-1999 90086 032 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # Pagnonsagna

1. Corporation J & W C	CONSTRUCTION, INC.						
Principal Place	o of Rusiness	Mailing Address				WILL THE PARTY OF T	6610 (416 106)
•							
1721 LANGLEY AVE. 1721 LANGLEY AVE. DELAND FL 32724 DELAND FL 32724							
GENING I COLLET					DO NOT WRITE IN THIS SPACE		
	•				3. Date incorporated or Qualifed 06/15/1998		_
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			59-3528182	N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional	
22	العار الشراء وللميشور العارضية يدورونون	27			5. Certificate of Status Desired	Fee R	equired -
		City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23					Trust Fund Contribution Added to Fees		
Zip			Country		8. This corporation owes the current year In	tangible	
24	25 29 30		,			Yes	□ oMk∑
	9. Name and Address of Current				10. Name and Address of New Registered	Agent	
				•			
WRIGHT, NORMAN A JR. 1721 LANGLEY AVE.				82 Street Address (P.O. Box Number is Not Acceptable)			
DELAND FL 32724				地位	A PROPERTY OF THE PARTY OF THE	85 Zip	Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607 0502 egistered agent, or both, in the State om familiar with, and accept the obligations of the state		the above-named orized by the corp a Statutes.	d corpor poration	ration submits this statement for the purpose on should be apposed to the apposed of directors. I hereby accept the apposed to	f changing its intment as re	s registered egistered
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE		☐ DELETE	1.1 TITLE	P.	resident/Secretary .	☐ Change	Addition
NAME	12 N		1.2 NAME		Norman A. Wright Jr.		
STREET ADDRESS			1.3 STREET ADDRESS	. 1	650 Alexander Drive		
			1.4 CITY-ST-ZIP	D	eLand, Florida 32720	n.	ļ
CITY-ST-ZIP		☐ DELETE	2.1 TITLE	17	<u>/</u> T	☐ Change	Addition
			2.1 TITLE 2.2 NAME		avis R. Johnson		
NAME				1 2	01 S. Wade Ave.		
STREET ADDRESS			2.3 STREET ADDRESS	" ก็	eLand, Florida 32724		
CITY-ST-ZIP			2:4 CITY-ST-ZIP			☐ Change	Addition
TITLE		☐ DELETE	3.1 TITLE			□ change	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS	s		•	
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE	1		☐ Change	☐ Addition
NAME			4. 2 NAME		•		
STREET ADDRESS			4.3 STREET ADDRESS	s			
CITY-ST-ZIP	•		4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	 		Change	Addition
	1	-	E 2 NAME	-		-	

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 nor on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP: *

CITY-ST-ZIP

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PEQUIRED

□ DELETE

*904-738-25*79

☐ Change

Addition