


FILED  
Mar 26 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 # S37491 (5)  
1. Corporation Name  
JIM AND JACKIE WARTERS, INC.

Principal Place of Business  
5900 FLATROCK ROAD  
WEST PALM BEACH FL 33413 OLD  
NEW: 30 LANDINGS LANE  
ORMOND BEACH, FL 32174

Mailing Address  
5900 FLATROCK ROAD  
WEST PALM BEACH FL 33413 OLD  
NEW: 30 LANDINGS LANE  
ORMOND BEACH, FL 32174

2. Principal Place of Business  
21 30 LANDINGS LANE  
Suite, Apt. #, etc.  
22  
City & State  
23 ORMOND BEACH FL  
Zip Country  
24 32174 25 USA

2a. Mailing Address  
26 30 LANDINGS LANE  
Suite, Apt. #, etc.  
27  
City & State  
28 ORMOND BEACH, FL  
Zip Country  
29 32174 30 USA

3. Date Incorporated or Qualified  
03/08/1991

4. FEI Number  
65-0246582

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

9. Name and Address of Current Registered Agent  
WARTERS, JAMES C.  
5900 FLATROCK ROAD  
WEST PALM BEACH FL 33413  
30 LANDINGS LANE  
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent  
81 Name  
WARTERS, JAMES  
82 Street Address (P.O. Box Number is Not Acceptable)  
30 LANDINGS LANE  
83  
84 City  
ORMOND BEACH FL 85 Zip Code  
32174

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 James C. Warters  
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 ☐ DELETE  
NAME WARTERS, JAMES C.  
STREET ADDRESS 4475 U.S.S., 402 PLAZA S.  
CITY-ST-ZIP ST. AUGUSTINE FL  
TITLE DVP ☐ DELETE  
NAME WARTERS, M. JACQUELINE  
STREET ADDRESS 4475 U.S.S., 402 PLAZA S.  
CITY-ST-ZIP ST. AUGUSTINE FL  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 30 LANDINGS LANE  
ORMOND BEACH, FL 32174  
2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP 30 LANDINGS LANE  
ORMOND BEACH, FL 32174  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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.  
SIGNATURE: James C. Warters 3/20/98 904-437-8418