FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S95944** **(2)**

1. Corporation Name
J.W. HEADQUARTERS, INC.

Principal Place of Business	Mailing Address
P O BOX 6026 JACKSONVILLE FL 32236	P O BOX 6026 JACKSONVILLE FL 32236

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/21/1991**
3a. Date of Last Report: **06/09/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-3102294** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JAPOUR, DANIEL A.
333-1 E MONROE ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VS	1.1 TITLE	C/P	☑ Change ☐ Addition
NAME	POOLE, PATRICIA A	1.2 NAME	Joseph W. MINGS JR	
STREET ADDRESS	6744 WEST VIRGINIA COURT	1.3 STREET ADDRESS	1925 SILVER ST	
CITY-ST-ZIP	JAX FL	1.4 CITY-ST-ZIP	JAX, FL. 32206	
TITLE		2.1 TITLE	V	☐ Change ☑ Addition
NAME		2.2 NAME	DARNELL GINN I	
STREET ADDRESS		2.3 STREET ADDRESS	RT. 5 Box 7028	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Callahan, FL. 32011	
TITLE		3.1 TITLE	S/T	☐ Change ☑ Addition
NAME		3.2 NAME	Patricia A. Poole	
STREET ADDRESS		3.3 STREET ADDRESS	6744 West Virginia Court	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	JAX, FL. 32209	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Joseph W. Mings Jr Pres. 4-19-95 904 292-9057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Please List All Three NAMES

0406000 FP