SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (5)J.W. SITE DEVELOPMENT, INC. Mailing Address Principal Place of Business 1291 15TH ST. SW 1291 15TH ST. SW NAPLES FL 33964-4409 NAPLES FL 33964-4409 3. Date incorporated or Qualified 3a. Date of Last Report 03/09/1992 11/13/1995 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0319828 26 21 \$8.75 Additional Suite, Apt. #. etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s. 199 032 Florida Statutes Yes No $Z_{\rm ID}$ Country Country Zip 30 29 24 25 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ames WITHCER, JAMES W Box Number is Not Acceptable) 82 1591 15TH STREET SW NAPLES FL 33964-4409 63 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 hoard of directors. Thereby accept the appointment as registered agent. Florida Statutes. TAMES. SIGNATURE and tile if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 HU F TITLE Witcher 1.2 NAME NAME WITCHER, JAMES W th St SW 15 13 STREET ADDRESS 1291 STREET ADDRESS 1591 15TH ST. SW Naples 14 CITY - ST - ZIP CITY - ST - ZIP NAPLES FL 33964-4409 Change Addition DELETE 2.1 HILE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST-7IP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Change ____ Addition DELETE 4.1 THEF TITLE 4.2 NAME NAME 4.3 STHEFT ADDRESS STREET ADDRESS 4.4 CITY - S1 - ZIP CITY-ST-ZIP Change Addition DELFTE 5.1 TULE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY ST-ZIP CITY - ST - ZIF Change Addition DELETE 61 TIEF TITLE 6.2 NAME NAME 63 STREET ADORESS STREFT ADDRESS

6.4 CiTY | \$1-7iP 14. I do hereby certify that the information supplied with this II ng is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 it made under oath, that I am an object or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Brock 12 to Block 13 if changed, or on an attachment with an address.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES W. Witcher 6-12-96 941-455-5450

CITY - ST - ZIP

SIGNATURE:

(3/96)

CR2E034