FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Jan 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V19692 (5) J.W. SITE DEVELOPMENT, INC. Principal Place of Business Mailing Address 27356 TORTOISE TRL 27356 TORTOISE TRL BONITA SPRGS FL 34135 **BONITA SPRGS FL 34135** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/09/1992 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For Not Applicable 21 26 65-0319828 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country ŽΏ 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WITCHER, JAMES W 1291 15TH ST SW Street Address (P.O. Box Number is Not Acceptable) Tortoise NAPLES FL 33964 83 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE. (NOTE_Registered Agent signature required when reinstating) Signature, typed or proted name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 7/11/0 NAME WITCHER, JAMES W 1.2 NAME 27356 TORTOISE TRL 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BONITA SPRGS FL** 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - S1 - ZIP CITY-ST-ZIP Addition DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-\$1-7IP CITY+ST-ZIP DELETE Change Addition 4.1 TO LE TITLE 4. 2 NAME MANAE 4.3 STREET ADDRESS 4.4 CITY-\$1-ZIP CITY-\$1-7IP DELFTE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. 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 arm 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 a named, or on an attachment with an address. anged, or on an attachment with an address. JAMAS 12 12 Id. 00

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