

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 17 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V19903 (6)**

1. Corporation Name

**J.C. ENTERPRISES WORLD WIDE CORP. TAMPA, FL. U.S
A.**

Principal Place of Business

Mailing Address

9221 TUDOR DR
UNIT 204
TAMPA FL 33615

9221 TUDOR DR
UNIT 204
TAMPA FL 33615

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/09/1982** 3a. Date of Last Report **04/11/1994**

4. FEI Number **59-3116882** 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

2. Principal Place of Business

2a. Mailing Address

21 **4016 CORTEZ DR.**

26 **4016 CORTEZ DR.**

22 **APT. D**

27 **APT. D**

23 **TAMPA, FL**

28 **TAMPA, FL**

24 **33614**

25 **HILLSBOROUGH**

29 **33614**

30 **HILLSBOROUGH**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLQUHOUN, JOSEPH
9221 TUDOR DR
UNIT 204
TAMPA FL 33615

81 Name **COLQUHOUN JOSEPH**

82 Street Address (P.O. Box Number is Not Acceptable) **4016 CORTEZ DRIVE**

83 **APT. D**

84 City **TAMPA**

85 Zip Code **FL 33614**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **COLQUHOUN, JOSEPH**
STREET ADDRESS **9221 TUDOR DR. APT. 204**
CITY - ST - ZIP **TAMPA FL 33615-3780**

11 TITLE **P** Change Addition
12 NAME **COLQUHOUN JOSEPH**
13 STREET ADDRESS **4016 CORTEZ DR. APT. D**
14 CITY - ST - ZIP **TAMPA, FL 33614**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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)(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 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 Colquhoun **JOSEPH COLQUHOUN** **APR 12, 1995** **(813) 935-0817**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)