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Apr 01, 1999 8:00 am  
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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V23886

1. Corporation Name  
JIM WARD ENTERPRISES, INC.

Principal Place of Business  
11114 101ST AVE N  
SEMINOLE FL 33722-2409  
US

Mailing Address  
11114 101ST AVE NO  
SEMINOLE FL 33772-2409  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/25/1992

4. FEI Number  
59-3115901

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 104 Dogwood Circle

Suite, Apt. #, etc.

22

City & State

23 Seminole, FL

Zip

24 33777-4801 25 USA

2a. Mailing Address

26 104 Dogwood Circle

Suite, Apt. #, etc.

27

City & State

28 Seminole, FL

Zip

29 33777-4801 30 USA

9. Name and Address of Current Registered Agent

DAWSON, SARA W.  
11114-101ST AVENUE NORTH  
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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  
NAME WARD, JAMES R.  
STREET ADDRESS 104 DOGWOOD CIRCLE  
CITY-ST-ZIP SEMINOLE FL

TITLE D  
NAME WARD, MARY L.  
STREET ADDRESS 104 DOGWOOD CIRCLE  
CITY-ST-ZIP SEMINOLE FL

TITLE ST  
NAME DAWSON, SARA W.  
STREET ADDRESS 11114 101ST AVE NO  
CITY-ST-ZIP SEMINOLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 12002 97TH AVENUE, N.  
3.4 CITY-ST-ZIP SEMINOLE, FL 33772-2609

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, with all other like empowered.

SIGNATURE:

SARA W. DAWSON

SECRETARY

Date

Daytime Phone #

3/25/99 727-538-4187

CR2E034 (1/98)