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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

V30266

(3)

JWH ENTERPRISES, INC.

Principal Place of Business

DOCUMENT #

Mailing Address



| 717 PITCH APPLE LANE NAPLES FL 33963 | | 717 PITCH APPLE LANE NAPLES FL 33963 | | | | | | |
|--|--|--|---|---|---|-------------------|-------------------------------|-------------------|
| | | | | | 3. Date Incorporated or Qual 04/15/1992 | | e of Last F 4/04/19 | |
| 2. Principal Pia 21 | ce of Business | 2a. Mailing Address 26 | | 4. FEI Number 65-0327155 | | F | Applied For Not Applicable | |
| Suite, Apt. #, etc. 2 | | Suite, Apt. #, etc. 27 | | | 5. Certificate of Status Desire | я 🗆 | \$8.75 Addition | |
| City & State | | Orty & State | | | 6. Election Campaign Financi Trust Fund Contribution | ing 🔲 | | May Be |
| Zip 4 | Country 25 | 7ip 29 | 30 Countr | y | | Yes No | | 199.032, |
| | 9. Name and Address of Currer | it Registered Agent | 81 | Name | 10. Name and Address of N | lew Registered | Agent | |
| GOODMAN, KENNETH D. GOODMAN BREEN & LILE 3033 RIVIERA DRIVE, SUITE 106 | | | 82 | Street Add | dress (P.O. Box Number is Not Acceptable) | | | |
| NAPLES | FL 33940 | | 84 | City | | | 85 Z | p Code |
| or registere | o the provisions of Sections 607.0502 ad agent, or both, in the State of Flori | da. Such change was author. | zed by the com | 1 named corpoi poration's boa | ration submits this statement for the | ne purpose of cha | anging its registered | registered offici |
| familiar with SIGNATURE | n, and accept the obligations of, Sect | ion 607.0505, Florida Statute | s. | | , , | .,,, | | 3 |
| 2. | Signature, typed or printed name of registered agent | | OTE: Registered Age | of squature respons | | [MIL | | |
| 4. N. F | D OFFICERS AN | D DIRECTORS DELETÉ | 13. | | ADDITIONS/CHANGES TO | | DIRECTO | DRS IN 12 |
| AME | HOYT, JOHN W. | () otten | 1.2 NAME | | | L | _1 Ghange | ☐ Modified |
| IREET ADDRESS | 717 PITCH APPLE LANE | | | 1 ADOFESS | | | | |
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| TY+ST-ZIP | | | | | | | | |
| ILF | | DELETE | 2.4 CITY - : 3.1 HILE | 5312 | | | Change | ["] Addition |
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| HTY-ST-ZIP | | | 3.4 Crt Y - 1 | | | | | |
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| ME | | | 4.2 NAME | | | | | |
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| λMč | | - | 5.2 NAME | | | | 9- | |
| REFLADDRESS | | | 5.3 STHEF | LADORESS | | | | |
| TY-ST-7IP | | | 5.4 CHY-5 | | | | | |
|) | | DELETE | 6 1 HILF | | ···· | ī | Change | ☐ Addition |
| \ME | | | 6.2 NAME | | | _ | | |
| THEET ADDRESS | | | 6.3 STHEET | r Address | | | | |
| ITY-S1-ZIP | | | 64 CITY - S | Į. | | | | |
| 4. I do hereby certify that to oath; that I | certify that the information supplied with the information Indicated on this annual am an officer or director of the corporation to the property of the supplied of the corporation of the supplied of the sup | ial report or supplemental and ration or the receiver or truste | nished and doe nual report is true se empowered | s not qualify for | te and that my signature shall have | the same least | affact as it | made under |

SIGNATURE:

941-597-8585