


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 SEP 19 PM 12:21

DOCUMENT # P01000021711
1. Entity Name
J INCORPORATED



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12 NORTH 2ND STREET Suite, Apt. #, etc.	3. Mailing Address 12 NORTH 2ND STREET Suite, Apt. #, etc.
--	--

REINSTATEMENT 02-03
DO NOT WRITE IN THIS SPACE

City & State FERNANDINA BEACH, FL	City & State FERNANDINA BEACH, FL
Zip 32034	Country NASSAU
Zip 32034	Country NASSAU


4. FEI Number 59-3700818	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JOHN K. MCCUNE
Street Address (P.O. Box Number is Not Acceptable)
12 NORTH 2ND STREET
City FERNANDINA BEACH FL Zip Code 32034

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  JOHN K. MCCUNE Sec/Treas 9-9-3
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

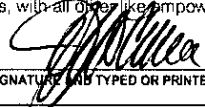
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOHN K. MCCUNE 12 NORTH 2ND STREET FERNANDINA BEACH FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CAROL A. MCCUNE 12 NORTH 2ND STREET FERNANDINA BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  JOHN K. MCCUNE Sec/Treas 9-9-3 904-331-5668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)