

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$570)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUL -3 AM 8:11

DOCUMENT # P94000047929 (2)

1. Corporation Name
JMJ PROPERTIES, INC.

Principal Place of Business Mailing Address
205 25TH AVE N 205 25TH AVE N
ST PETERSBURG FL 33704 ST PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/27/1994** 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-8253325

Applied For
 Not Applicable

22 Suite, Apt #, etc

27 Suite, Apt #, etc

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State

28 City & State

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

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7. This corporation has liability for intangible tax under s. 199.037 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHULZ, JOANN R
205 25TH AVE N
ST PETERSBURG FL 33704

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 in printed name of registered agent and file if applicable

Printed Name of Agent Signature Required when necessary

(DATE)

OFFICERS AND DIRECTORS

ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	SCHULZ, JOANN R
STREET ADDRESS	205 25TH AVE N
CITY, ST, ZIP	ST PETERSBURG FL 33704
TITLE	D
NAME	TALLEY, JOANN R
STREET ADDRESS	194 28TH AVE N
CITY, ST, ZIP	ST PETERSBURG FL 33704
TITLE	D
NAME	TALLEY, W MICHAEL
STREET ADDRESS	194 28TH AVE N
CITY, ST, ZIP	ST PETERSBURG FL 33704
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 comply for the exemption stated in Section 110.07(3)(b), 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 prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13, if changed, or on an attachment with an address.

SIGNATURE: *Joann R Schulz* President **6/28/95** (913) 825-0152
 NAME AND TYPED OR PRINTED NAME OF SIGNATURE OFFICER OR DIRECTOR
Joann R. Schulz

CR2E004 (3/95)