

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

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95 MAY -1 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P94000078812 (2)**

1. Corporation Name  
**JMC COMMUNITIES III, INC.**

Principal Place of Business	Mailing Address
2201 4TH ST. NORTH SUITE 200 ST PETERSBURG FL 33704	2201 4TH ST. NORTH SUITE 200 ST PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>10/26/1994</b>	3a. Date of Last Report
4. FEI Number <b>59-3279199</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$6.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Country
25	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>CHEEZEM, J. MICHAEL</b> 2201 4TH ST. NORTH SUITE 200 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\* \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1 1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1 2 NAME	J. Michael Cheezem
STREET ADDRESS		1 3 STREET ADDRESS	2201 - 4th St. No., Ste 200
CITY - ST - ZIP		1 4 CITY - ST - ZIP	St. Pete, FL 33704
TITLE		2 1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2 2 NAME	Robert L. Allen
STREET ADDRESS		2 3 STREET ADDRESS	2201 - 4th St. No., Ste 200
CITY - ST - ZIP		2 4 CITY - ST - ZIP	St. Pete, FL 33704
TITLE		3 1 TITLE	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3 2 NAME	G. Spring Campbell
STREET ADDRESS		3 3 STREET ADDRESS	2201 - 4th St. No., Ste 200
CITY - ST - ZIP		3 4 CITY - ST - ZIP	St. Pete, FL 33704
TITLE		4 1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4 2 NAME	Patty Leavelle
STREET ADDRESS		4 3 STREET ADDRESS	2201 - 4th St. No., Ste 200
CITY - ST - ZIP		4 4 CITY - ST - ZIP	St. Pete, FL 33704
TITLE		5 1 TITLE	
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 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 110.07(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: Robert L. Allen **4/23/94** 813 823 0022  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Filing Fee)