

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). 900.00 6/26 Called. JG

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUN 29 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000089218

1. Corporation Name
OCMJ, INCORPORATED

Principal Place of Business
708 W MARTIN LUTHER KING JR BLVD
PLANT CITY FL 33566-119
US

Mailing Address
101 E. KENNEDY BLVD., STE. 2125
TAMPA FL 33602



REINSTATEMENT

99-00

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Incorporated or Qualified
10/14/1997

4. FEI Number
59-3475242

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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
ROBERTS, RICHARD A
101 E. KENNEDY BLVD., STE. 2125
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
TAMMY G. JOHNSON

82 Street Address (P.O. Box Number is Not Acceptable)
2008 W. HUNTER RD.

83

84 City
PLANT CITY

85 Zip Code
FL 33565

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 *Tammy G. Johnson* TAMM 6/26/00
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	D	☐ DELETE
NAME	JOHNSON, FRED	
STREET ADDRESS	2008 W. HUNTER RD.	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE	D	☐ DELETE
NAME	JOHNSON, TAMMY	
STREET ADDRESS	2008 W. HUNTER RD.	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change ☐ Addition ☐
1.2 NAME	400003328394-2
1.3 STREET ADDRESS	-07/19/00--01097--023
1.4 CITY-ST-ZIP	****900.00 ****900.00
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	
3.4 CITY-ST-ZIP	
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	LS
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.

SIGNATURE: *Tammy G. Johnson* REQUIRE Tammy G. Johnson 6/26/00 813 752 7763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)