

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 14 AM 11 17

**DOCUMENT # L39523 (0)**

1. Corporation Name

JBM MANAGEMENT OF TAMPA, INC.

Principal Place of Business

21. WILLIAM H. BULLARD  
1010 N WESTSHORE BLVD  
TAMPA FL 33607-4700

Mailing Address

2575 ULMERTON ROAD  
STE 302  
CLEARWATER FL 34622  
US

2. Principal Place of Business

21.  Suite, Apt. #, etc.

26. Mailing Address

26.  Suite, Apt. #, etc.

22. City & State

23. Zip

27. City & State

28. Zip

29. Country

30. Country

9. Name and Address of Current Registered Agent

BULLARD, WILLIAM H.  
2575 ULMERTON ROAD  
STE 302  
CLEARWATER FL 34622

3. Date Incorporated or Quashed <b>01/03/1990</b>	3a. Date of Last Report <b>03/22/1994</b>
4. FEI Number <b>59-2999346</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
81. Name <b>FL</b>	82. Street Address (P.O. Box Number Is Not Acceptable)
83.	84. City <b>FL</b> 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

12. OFFICERS AND DIRECTORS		401. Registered Agent Signature required when renewing	DATE
TITLE	DPST	11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULLARD, WILLIAM H.	12 NAME	
STREET ADDRESS	2575 ULMERTON RD, STE 302	13 STREET ADDRESS	
CITY, ST, ZIP	CLEARWATER FL	14 CITY-ST-ZIP	
TITLE		21 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY-ST-ZIP	
TITLE		31 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY-ST-ZIP	
TITLE		41 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY-ST-ZIP	
TITLE		51 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY-ST-ZIP	
TITLE		61 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY-ST-ZIP	

12. I, the holder, certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND ID OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

030395813573501  
Date  
Florida Form 7