FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED PROFIT Apr 16 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 377563 J & M SERVICES, INC. Principal Place of Business Mailing Address 2430 CENTRAL AVENUE 2430 CENTRAL AVENUE ST. PETERSBURG FL 33712 ST. PETERSBURG FL 33712 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/22/1971 2. Principal Place of Business Applied For 2a. Mailing Address 4. FEI Number Not Applicable 59-1349362 Suite, Apt. #, etc. \$8.75 Additional Sulte, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Country Zφ 8. This corporation owes or has paid the current year Intangible Zip Personal Property Tax due June 30. ☐ Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DIBBLE, THOMAS A. 4919 28TH AVENUE SOUTH Street Address (P.O. Box Number is Not Acceptable) **GULFPORT FL 33707** 83 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 or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Addition DELETE Change 1.1 TITLE TITLE DIBBLE, THOMAS A. 12 NAME NAME 4919 28TH AVENUE SOUTH 1.3 STREET ADDRESS STREET ADDRESS **GULFPORT FL** 14 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE DIBBLE, GAIL R. 22 NAME 4919 28TH AVENUE SOUTH STREET ADDRESS 23 STREET ADDRESS **GULFPORT FL** 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 THLE TITLE 5.2 NAME NAME STREET ADDRESS **53 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME 63 STREET ADDRESS STREET ADDRESS 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 suppliemental 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.

4/9/90 (0) 1327-3484