

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **483525** (2)

1. Corporation Name  
**G.J.M., INC.**



Principal Place of Business Mailing Address  
**11807 WEST HIGHWAY 98 PANAMA CITY BCH FL 32407**

3. Date Incorporated or Qualified <b>08/25/1975</b>	3a. Date of Last Report <b>02/10/1995</b>
4. FEI Number <b>59-1615976</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

9. Name and Address of Current Registered Agent  
**SOWELL, JERRY F.  
11807 W. HWY. 98  
PANAMA CITY FL 32407**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
				<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of Registered Agent (Required when registered office or agent is changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	PD SOWELL, JERRY F	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	3021 KINGS ROAD	2. NAME	
3. CITY-STATE-ZIP	PANAMA CITY, FL 00000	3. STREET ADDRESS	
4. TITLE	S	4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	SOWELL, HELEN V	5. TITLE	
6. STREET ADDRESS	3021 KINGS ROAD	6. NAME	
7. CITY-STATE-ZIP	PANAMA CITY, FL 00000	7. STREET ADDRESS	
8. TITLE		8. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME		9. TITLE	
10. STREET ADDRESS		10. NAME	
11. CITY-STATE-ZIP		11. STREET ADDRESS	
12. TITLE		12. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME		13. TITLE	
14. STREET ADDRESS		14. NAME	
15. CITY-STATE-ZIP		15. STREET ADDRESS	
16. TITLE		16. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. NAME		17. TITLE	
18. STREET ADDRESS		18. NAME	
19. CITY-STATE-ZIP		19. STREET ADDRESS	
20. TITLE		20. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(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 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: *Helen Sowell* **2-13-96** **904-234-2225**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing

CR2E034 (12/95)