

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90264 004 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 487681

1. Corporation Name
JEMM, INC.

Principal Place of Business
P.O. BOX 3545
LAKE CITY FL 32056

Mailing Address
P.O. BOX 3545
LAKE CITY FL 32056



DO NOT WRITE IN THIS SPACE

4070 US 90 West

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22 **Lake City**

Suite, Apt. #, etc.
27

City & State
23 **FL**

City & State
28

Zip Country
24 **32055** 25 **USA**

Zip Country
29 30

3. Date Incorporated or Qualified
10/06/1975

4. FEI Number Applied For
59-1637813 Not Applicable

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 Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HALEY, WILLIAM J
150 WEST MADISON STREET
LAKE CITY FL

10. Name and Address of New Registered Agent

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

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	<input type="checkbox"/> DELETE
NAME	BUTLER, MARY B	
STREET ADDRESS	SOUTH MARION STREET	
CITY-ST-ZIP	LAKE CITY, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	POTTE, ELIZABETH	
STREET ADDRESS	ROUTE 13, BOX 1229-B	
CITY-ST-ZIP	LAKE CITY, FL 00000 32056	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WHITEHURST, MARY B	
STREET ADDRESS	428 FRONTIER DR	
CITY-ST-ZIP	LAKE CITY, FL 00000 32055	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAHL, JOSEPHINE B	
STREET ADDRESS	11579 MANDARIN CO LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary B Whitehurst
Mary B Whitehurst
4-29-99 (904) 752-3002
Date Daytime Phone #

CR2E034 (11/98)