

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90023 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 596013

1. Corporation Name
JME, INC.



Principal Place of Business 100 NORTH STARCREST DRIVE POST OFFICE BOX 5165 CLEARWATER FL 33765	Mailing Address 100 NORTH STARCREST DRIVE POST OFFICE BOX 5165 CLEARWATER FL 33765
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 33758 30

3. Date Incorporated or Qualified 12/01/1978	
4. FEI Number 59-1880108	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

SMOUT, L.R.
 100 NORTH STARCREST DRIVE
 CLEARWATER FL 33765

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ECHERD, RUTH B	
STREET ADDRESS	100 NORTH STARCREST DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ECHERD, JACK M	
STREET ADDRESS	100 NORTH STARCREST DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	SMOUT, LESLIE R	
STREET ADDRESS	100 NORTH STARCREST DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HART, NANCY E	
STREET ADDRESS	100 NORTH STARCREST DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARK, JOSEPH	
STREET ADDRESS	100 NORTH STARCREST DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SWANN, JAMES T	
STREET ADDRESS	100 NORTH STARCREST DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33765	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Eckerd
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Eckerd
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: _____ DATE: 1-29-99 DAYTIME PHONE #: (727) 461-1524

CR2E034 (11/98)