

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY -1 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 631913

(1)

1. Corporation Name
JSMP, INC.

Principal Place of Business
1343 NORTHWEST COCONUT POINTE LANE
STUART FL 34994

Mailing Address
1343 NORTHWEST COCONUT POINTE LANE
STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/03/1979	3a. Date of Last Report 03/10/1994
4. FEI Number 59-1935851	Applied For ☐ 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 has liability for intangible tax under S. 199.039, Florida Statutes ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

THOMPSON, MARSHA P.
1343 N.W. COCONUT POINT WEST
STUART FL 34994

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

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 of Registered Agent or the Corporation) (If printed agent signature required when filing) (S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	THOMPSON, PAUL F. JR	1.1 TITLE	☐ Change ☐ Addition
2. STREET ADDRESS	4680 SW 64TH AVE	1.2 NAME	
3. CITY, ST, ZIP	DAVIE FL	1.3 STREET ADDRESS	
4. NAME	ST THOMPSON, MARSHA	1.4 CITY, ST, ZIP	
5. STREET ADDRESS	4680 SW 64TH AVE	2.1 TITLE	☐ Change ☐ Addition
6. CITY, ST, ZIP	DAVIE FL	2.2 NAME	
7. NAME		2.3 STREET ADDRESS	
8. STREET ADDRESS		2.4 CITY, ST, ZIP	
9. CITY, ST, ZIP		3.1 TITLE	☐ Change ☐ Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY, ST, ZIP		3.4 CITY, ST, ZIP	
13. NAME		4.1 TITLE	☐ Change ☐ Addition
14. STREET ADDRESS		4.2 NAME	
15. CITY, ST, ZIP		4.3 STREET ADDRESS	
16. NAME		4.4 CITY, ST, ZIP	
17. STREET ADDRESS		5.1 TITLE	☐ Change ☐ Addition
18. CITY, ST, ZIP		5.2 NAME	
19. NAME		5.3 STREET ADDRESS	
20. STREET ADDRESS		5.4 CITY, ST, ZIP	
21. CITY, ST, ZIP		6.1 TITLE	☐ Change ☐ Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption subject in Section 119.07(3)(b), Florida Statutes. I further certify that the information contained 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. I am an officer or director of the corporation or the person 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 in an attachment with an address.

SIGNATURE: *Michael Thompson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 407 692-1037