

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **F43633** (9)

1. Corporation Name  
**J H M CORP.**

**FILED**  
95 JAN 27 PM 4: 07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**53 N. SEWALL'S POINT RD. STUART FL 34996 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		09/08/1981	03/03/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-2127019	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOVIE III, GEORGE F. 555 SW COLORADO AVE. STUART FL 34994				81 Name	John WALSH		
				82 Street Address (P.O. Box Number is Not Acceptable)	220 SUNRISE AVENUE		
				83			
				84 City	PALM BEACH	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 607.0509, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 1/20/95  
NOTE: Registered Agent signature required when resigning.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, JOHN HENRY	1.2 NAME	DECEASED
STREET ADDRESS	161 S. RIVER ROAD	1.3 STREET ADDRESS	
CITY- ST- ZIP	SEWELLS POINT FL	1.4 CITY- ST- ZIP	
TITLE	V	2.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, MICHAEL	2.2 NAME	MICHAEL MARTIN
STREET ADDRESS	80 TALLWOOD LANE	2.3 STREET ADDRESS	P.O. Box 2552
CITY- ST- ZIP	WILLINGBORO NJ	2.4 CITY- ST- ZIP	CINNAMINSON, NJ 08077
TITLE	V	3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, JANE	3.2 NAME	JANE MARTIN
STREET ADDRESS	3636 CRYSTAL SPRINGS ROAD	3.3 STREET ADDRESS	3636 CRYSTAL SPRINGS ROAD
CITY- ST- ZIP	BAINBRIDGE ISLAND WA	3.4 CITY- ST- ZIP	BAINBRIDGE ISLAND, WA 98110
TITLE	S	4.1 TITLE	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, IMELDA	4.2 NAME	SUSAN J. MARTIN
STREET ADDRESS	161 S. RIVER RD	4.3 STREET ADDRESS	4101 EGRET POND TERRACE
CITY- ST- ZIP	SEWELLS POINT FL	4.4 CITY- ST- ZIP	PALM CITY FL 34990
TITLE		5.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	DIANE M. MARTIN
STREET ADDRESS		5.3 STREET ADDRESS	P.O. Box 2552
CITY- ST- ZIP		5.4 CITY- ST- ZIP	CINNAMINSON, NJ 08077
TITLE		6.1 TITLE	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	LUIS GERARDO ABUAYO
STREET ADDRESS		6.3 STREET ADDRESS	3414 CRYSTAL SPRINGS ROAD
CITY- ST- ZIP		6.4 CITY- ST- ZIP	BAINBRIDGE ISLAND, WA 98110

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 110.07(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: *[Signature]* DATE: 20 JANUARY 1995 609 201 2100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR