

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F92000000788

1. Entity Name
JLM INDUSTRIES, INC.



Principal Place of Business
8675 HIDDEN RIVER PKWY.
TAMPA, FL 33637 US

Mailing Address
8675 HIDDEN RIVER PKWY.
TAMPA, FL 33637 US



04062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1163710

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000139189
04/29/04-80111-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	MACDONALD, JOHN L
STREET ADDRESS	8675 HIDDEN RIVER PKWY.
CITY-ST-ZIP	TAMPA, FL
TITLE	VPTS
NAME	MOLINA, MICHAEL J
STREET ADDRESS	8675 HIDDEN RIVER PKWY.
CITY-ST-ZIP	TAMPA, FL 33637
TITLE	VPAT
NAME	SATO, LINDA
STREET ADDRESS	8675 HIDDEN RIVER PARKWAY
CITY-ST-ZIP	TAMPA, FL 33637
TITLE	DVP
NAME	MACDONALD, SEAN D
STREET ADDRESS	8675 HIDDEN RIVER PARKWAY
CITY-ST-ZIP	TAMPA, FL 33637
TITLE	D
NAME	TARPLEY, WALTER
STREET ADDRESS	8675 HIDDEN RIVER PARKWAY
CITY-ST-ZIP	TAMPA, FL 33637
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

Michael Molina 4/6/04 813 432 3300