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FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F95000005634 (9)

1. Corporation Name

JMC FINANCIAL GROUP, INC.

Principal Place of Business

100 GRANDVIEW RD #207
BRAINTREE MA 02184

Mailing Address

100 GRANDVIEW RD #207
BRAINTREE MA 02184

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1995

4. FEI Number

04-3150753

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 ☐ DELETE
NAME CORCORAN, JOHN M
STREET ADDRESS 90 CHURCH HILLS LN
CITY-ST-ZIP MILTON MA 02186

TITLE D ☐ DELETE
NAME CORCORAN, P. LEO
STREET ADDRESS 790 BOYLSTON ST
CITY-ST-ZIP BOSTON MA 02199

TITLE P ☐ DELETE
NAME HIGH, RICHARD J
STREET ADDRESS 212 BOLTON RD
CITY-ST-ZIP HARVARD MA 02199

TITLE ST ☐ DELETE
NAME MURPHY, LAWRENCE J
STREET ADDRESS 21 HERITAGE RD
CITY-ST-ZIP QUINCY MA 02199

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE T ☒ Change ☐ Addition
1.2 NAME MURPHY, LAWRENCE J.
1.3 STREET ADDRESS 100 GRANDVIEW ROAD
1.4 CITY-ST-ZIP BRAINTREE, MA 02184

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME CORCORAN, P. LEO
2.3 STREET ADDRESS 100 GRANDVIEW ROAD
2.4 CITY-ST-ZIP BRAINTREE, MA 02184

3.1 TITLE S ☐ Change ☒ Addition
3.2 NAME EACOBACCI, ROSEMARY
3.3 STREET ADDRESS 100 GRANDVIEW ROAD
3.4 CITY-ST-ZIP BRAINTREE, MA 02184

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE

Lawrence J. Murphy

2/18/98

781-849-0111

CR2E034 (10/97)