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

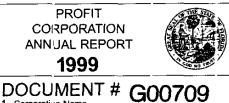
Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

JMC MANAGEMENT. INC.

Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretar / of State DIVISION OF CORPORATIONS

Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90024 001 ***900.00

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Principal Place of Business % J MICHAEL CHEEZEM % J MICHAEL CHEEZEM 2201 4T ST N. 2201 4T ST. N. DO NOT WRITE IN THIS SPACE ST PETERSBURG FL 33704 ST PETERSBURG FL 33704 3. Date Incorporated or Qualifed 09/21/1982 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Not Applicable 59-2237145 21 26 Suite, Apt. #, etc. \$8.75 Ad titional Suite, Ap . #, etc. 5. Certifca e of Status Desired \Box Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Added to Fees 28 Trust Fund Contribution 23 Country Zip Count v Zip 8. This corporation owes the current year Intangible []No Personal Property Tax. 25 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CHEEZEM, J MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2201-4TH STREET NORTH SUITE 200 83 ST PETERSBURG FL 33704 Zip Ccde 84 City 85 11. Pursuant to the provisions of Seltions 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS / ND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS DELETE Change ☐ Addition 11 TITLE TITLE COOPER, GAIL M 1.2 NAME NAME 2201 4TH STREET NORTH SUITE 200 1.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE SD 22 NAME COPELAND, G. S. NAME 2201 4TH ST. N. STE. 200 2.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 31TITLE 3.2 NAME ALLEN, R L NAME 2201 4TH ST NO STE 200 3.3 STREET ADDRESS STREET ADDRESS ST PETE FL 33704 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE TITLE BEAUMONT, S D 4. 2 NAME NAME 2201 4TH ST NO, STE 200 4.3 STREET ADDRESS STREET ADDRESS ST PETE FL 33704 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 6.4 CITY-ST-ZIP

CITY-ST-ZIP 14. I heret y 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 changer, or on an attactiment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #

CR2E034