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FILED

Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G13278** (8)

1. Corporation Name
JBM OF LONGWOOD, INC.

Principal Place of Business
**% PAMELA O. PRICE
201 EAST PINE STREET SUITE 1200
ORLANDO FL 32801**

Mailing Address
**% PAMELA O. PRICE
201 EAST PINE STREET SUITE 1200
ORLANDO FL 32801-2725**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/14/1982

3a. Date of Last Report

02/27/1996

4. FEI Number

59-2257202

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. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PAMELA O. PRICE
201 EAST PINE ST
STE 1200
ORLANDO FL 32801**

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	VD	<input type="checkbox"/> DELETE
NAME	BRYAN, JAMES B III	
STREET ADDRESS	254 DRIGGS DR	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MASON, BETTY	
STREET ADDRESS	254 DRIGGS DR	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SCHEIDERER, KEVIN	
STREET ADDRESS	254 DRIGGS DRIVE	
CITY - ST - ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRYAN, JAMES B., III
1.3 STREET ADDRESS	254 DRIGGS DR.
1.4 CITY - ST - ZIP	WINTER PARK, FL
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MASON, BETTY
2.3 STREET ADDRESS	254 DRIGGS DR.
2.4 CITY - ST - ZIP	WINTER PARK, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SCHMIDT, CHERYL
4.3 STREET ADDRESS	254 DRIGGS DR.
4.4 CITY - ST - ZIP	WINTER PARK, FL
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOHNSON, KENNETH W.
5.3 STREET ADDRESS	254 DRIGGS DR.
5.4 CITY - ST - ZIP	WINTER PARK, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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:

Betty Mason SECRETARY

124.97

407.678-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)