

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G50844**

1. Corporation Name

J & M TRAVEL, INC.

Principal Place of Business

% MAGIN PEREZ
417 WEST SUGARLAND HWY. SUITE 4
CLEWISTON FL 33440

Mailing Address

% MAGIN PEREZ
417 WEST SUGARLAND HWY. SUITE 4
CLEWISTON FL 33440

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90014 041 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1983

4. FEI Number

59-2287739

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 the current year
Intangible Personal Property.

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PEREZ, MAGIN
417 WEST SUGARLAND HWY. SUITE 4
CLEWISTON FL 33440

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 **PTD** ☐ DELETE
NAME **PEREZ, JOSEFINA**
STREET ADDRESS **417 W. SUGARLAND HWY #4**
CITY-ST-ZIP **CLEWISTON FL**

TITLE **STD** ☐ DELETE
NAME **PEREZ, MAGIN(VICE-TREAS)**
STREET ADDRESS **417 W. SUGARLAND HWY #4**
CITY-ST-ZIP **CLEWISTON FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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:

Maguin Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/93 **941-983-9374**
Date Daytime Phone #

CR2E034 (5/99)

650844
583355-90014-41

July 1, 1999

J & M TRAVEL, INC.
417 West Sugarland HWY. Suite 4
Clewiston, FL 33440

Division of Corporations
Att: Annual Reports
PO BOX 6327
Tallahassee, FL 32302

To Whom It May Concern:

Enclosed you will find a check for \$150.00 for the corporation annual fee of J & M Travel, Inc. Document # G50844. This payment is for the 1999 annual report. The reason in which I did not pay this fee this year is because I did not receive the first annual report renewal form in the mail. Please verify our mailing address on your records to clear any discrepancies. Thank you for sending us a second notice and calling our attention to this matter. Your cooperation in accepting this as a full payment without any other additional costs will be greatly appreciated. Thank you for your time and attention concerning this matter.

Sincerely,


Magin Perez