

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

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Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G65548 (1)
 1. Corporation Name
J & M OF FWB, INC.



Principal Place of Business 620 N. BEAL STREET FORT WALTON BEACH FL 32548-3502	Mailing Address 620 N. BEAL STREET FORT WALTON BEACH FL 32548
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3. Date Incorporated or Qualified 10/18/1983	3a. Date of Last Report 06/25/1996
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2. Principal Place of Business 21 6334 East Bay Blvd. Suite, Apt. #, etc.	2a. Mailing Address 26 6334 East Bay Blvd. Suite, Apt. #, etc.	4. FEI Number 59-2392479	Applied For <input checked="" type="checkbox"/> Not Applicable
22 City & State Gulf Breeze, FL	27 City & State Gulf Breeze, FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip 32561	28 Zip 32561	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country South Korea	29 Country South Korea	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MCDONALD, JAMES H. SR.
2691 HWY 98 WEST
MARY ESTHER FL 32569

10. Name and Address of New Registered Agent

81 Name McDonald James H. Sr.
82 Street Address (P.O. Box Number Not Acceptable) 6334 East Bay Blvd.
83
84 City Gulf Breeze, FL
85 Zip Code 32561

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 **McDonald James H. Sr.** **James H. McDonald Sr.** **03/25/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME MCDONALD, JAMES H. SR.	
STREET ADDRESS 2691 HWY 98 WEST	
CITY - ST - ZIP MARY ESTHER FL	
TITLE V	<input type="checkbox"/> DELETE
NAME MCDONALD, MARIANNE	
STREET ADDRESS 2691 HWY 98 WEST	
CITY - ST - ZIP MARY ESTHER FL	
TITLE ST	<input checked="" type="checkbox"/> DELETE
NAME FISHER, RYAN C.	
STREET ADDRESS 349 JON QUIL	
CITY - ST - ZIP FT. WALTON BCH. FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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: **McDonald James H. Sr.** **James H. McDonald Sr.** **03/25/97** **904-934-5722**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)