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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **H46567** (4)

1. Corporation Name  
**J.J. PALMER, INC.**

Principal Place of Business Mailing Address

**% JAMES E. PALMER  
3145 KINGS ROAD  
ST. AUGUSTINE FL 32086**

**% JAMES E. PALMER  
3145 KINGS ROAD  
ST. AUGUSTINE FL 32086**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 28. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

24 Zip 25 County 29 Zip 30 County

3. Date Incorporated or Qualified 3a. Date of Last Report

**03/12/1985** **03/31/1994**

4. FEI Number Applied For

**59-2050052** 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

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**PALMER, JAMES E.  
3145 KINGS ROAD  
ST. AUGUSTINE FL 32086**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (Typed or printed name of registered agent and his if applicable) NOTE: Registered Agent signature required when registering.

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>DP<br/>PALMER, JACKIE<br/>RT. 8 BOX 824C<br/>ST. AUGUSTINE FL</b> | 1.1 TITLE   | <b>PRESIDENT/Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 1.2 NAME  |   |
| STREET ADDRESS             |  | 1.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |  | 1.4 CITY, ST, ZIP                                     |   |
| TITLE                      | <b>DP<br/>PALMER, JAMES<br/>RT. 8 BOX 824C<br/>ST. AUGUSTINE FL</b>  | 2.1 TITLE   | <b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| NAME                       |  | 2.2 NAME  |   |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |  | 2.4 CITY, ST, ZIP                                     |   |
| TITLE                      |  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| NAME                       |  | 3.2 NAME  |   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |  | 3.4 CITY, ST, ZIP                                     |   |
| TITLE                      |  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |  | 4.4 CITY, ST, ZIP                                     |   |
| TITLE                      |  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |  | 5.4 CITY, ST, ZIP                                     |   |
| TITLE                      |  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |  | 6.4 CITY, ST, ZIP                                     |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Jackie Palmer* *Jackie Palmer Pres/Tr* 904 797-5625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date