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

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Apr 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # H61649 (0) J & M INDUSTRIES, INC. Principal Place of Business Mailing Address 906 VERONA DR. 906 VERONA DR. TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1985 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number 59-2522661 Not Applicable 26 Suite Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 26 Added to Fees Zιο Country 8. This corporation owes or has paid the current year Intangible [25] X Yes ☐ No 24 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GARLETS, JAMES L. 908 VERONA PLACE. Street Address (P.O. Box Number is Not Acceptable) **TARPON SPRINGS FL 34689** 84 City Zip Code 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, typed or profed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE TITLE GARLETS, JAMES L. 1.2 NAME NAME STREET ADDRESS 906 VERONA PLACE 1.3 STREET ADDRESS TARPON SPRINGS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 TITLE Change Addition GARLETS. MARIAN NAME 2.2 NAME 3115 PINEVIEW DRIVE 2.3 STREET ADDRESS STREET ADDRESS HOLIDAY FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP \_\_\_ Addition DELETE Change TITLE 41 TIFLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELFTE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change 6 1 TITLE 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** CITY-ST-ZIP 64 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 exemption point or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer of director of the concretion or the receiver or true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

**FILED**