

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H77242 (6)

1. Corporation Name

JMC COMMUNITIES OF HARBOURSIDE, INC.



Principal Place of Business

**2201 4TH ST. N.
SUITE 200
ST. PETERSBURG FL 33704**

Mailing Address

**2201 4TH ST. N.
SUITE 200
ST. PETERSBURG FL 33704**

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

9. Name and Address of Current Registered Agent

**CHEEZEM, J. MICHAEL
2201 4TH STREET NORTH
SUITE 200
ST. PETERSBURG FL 33704**

3. Date Incorporated or Qualified

09/23/1985

3a. Date of Last Report

05/01/1995

4. FET Number

59-2584641

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

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 ☐ DELETE

NAME **PD
CHEEZEM, J. MICHAEL
2201 4TH ST. N. STE. 200
ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME **S
CAMPBELL, G. SPRING
2201 4TH. ST. N. STE. 200
ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME **V
LEAVELL, PATTY
2201 4TH. ST. N. STE. 200
ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME **T
ALLEN, ROBERT L
2201 4TH. ST. N. STE. 200
ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME **V
BUSSEY, JOHN S.
2201 4TH ST. N. STE. 200
ST. PETERSBURG FL**

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

COPELAND, G. SPRING ☒ Change ☐ Addition

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)(k), 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/line Phone #

CR2E034 (12/95)