

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 # J24840

(7)

1. Corporation Name

J AND M EDMONDS, INC.



Principal Place of Business

2396 SARATOGA BAY DRIVE  
WEST PALM BEACH FL 33409  
US

Mailing Address

2396 SARATOGA BAY DRIVE  
WEST PALM BEACH FL 33409  
US

3. Date Incorporated or Qualified

07/21/1986

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 7138 Deer Point Lane

Suite, Apt. #, etc.

22 City & State

23 West Palm Beach, FL

Zip Country

24 33411

25

2a. Mailing Address

26 7138 Deer Point Lane

Suite, Apt. #, etc.

27 City & State

28 West Palm Beach, FL

Zip Country

29 33411

30

4. FEI Number

59-2697993

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

9. Name and Address of Current Registered Agent

EDMONDS, JOHN A.  
2396 SARATOGA BAY DR.  
W. PALM BEACH FL 33477

10. Name and Address of New Registered Agent

81 Name

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

7138 Deer Point Lane

83

84 City

West Palm Beach

FL

85 Zip Code

33411

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 current registered agent, if applicable

DATE Registered Agent's signature recorded when resigning

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

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1. TITLE

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CITY-STATE-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1. 1. TITLE

1. 2. NAME

1. 3. STREET ADDRESS

1. 4. CITY-STATE-ZIP

2. 1. TITLE

2. 2. NAME

2. 3. STREET ADDRESS

2. 4. CITY-STATE-ZIP

3. 1. TITLE

3. 2. NAME

3. 3. STREET ADDRESS

3. 4. CITY-STATE-ZIP

4. 1. TITLE

4. 2. NAME

4. 3. STREET ADDRESS

4. 4. CITY-STATE-ZIP

5. 1. TITLE

5. 2. NAME

5. 3. STREET ADDRESS

5. 4. CITY-STATE-ZIP

6. 1. TITLE

6. 2. NAME

6. 3. STREET ADDRESS

6. 4. CITY-STATE-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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, or on an attachment with an address.

SIGNATURE:

*John A. Edmonds*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96

407-471-0507  
Date Telephone

CR2E034 (12/95)