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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # J25992

(5)

JMC ENTERPRISES OF BREVARD, INC.

**FILED** Jan 31 1997 8:00am Secretary of State



21   3964   Hunters Riode Way   28   3964   Hunters Riode Way   59-2700157	* JEFFREY W	ace of Business	Mailing Address		J KOORINIO ONLO NIDON BINNO HONIO HONIO HONIO	es acher aimir aimis Alaic Reker Alabs (ad)
3. Date Incorporated or Qualified O7/24/1986 O4/04/1996  2. Principal Place of Business 2. Malling Address 3. Date Incorporated or Qualified O7/24/1986 O4/04/1996  2. Principal Place of Business 2. Malling Address 3. Date Incorporated or Qualified O7/24/1988 O4/04/1996  4. FEI Number Space OAM S		HIGHWAY	<b>BID CHENEY HIGHWAY</b>			
21 344 HUNTERS RIOSE WAY  22 Suite, Apt. #, etc.  23 City & State  24 32.796  25 29 32.79 Country  26 32.79 Country  27 Country  28 Tirusulus FC  29 Country  29 Tirusulus FC  20 Country  30 Florida Statutes  30 Florida		·	THE STREET OF STREET		1	1
Suite, Apt. #, etc.    Suite, Apt. #, etc.			1	***	1	Applied For
22 City & State City & State City & State Country Coun				rs Kinge W	2Ay 59-2700157	Not Applicable
City & State  City & State  City & State  Country  Registered Agent  Regist		! #, etc.	· ·		5. Certificate of Status Desired	\$8.75 Additional
23 Trusfylicite FL 28 Trusfylicite FC Trusfyli		ete			& Fination Compaign Financing	
Zip Country Zip Country Zip Country Signature of registered Agent Signature agent such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered Agent agent in the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as register agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 register agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature prefetch agent and florid agent and filter if applicable (NOTE Registered Agent signature required when reinstates)  12. OFFICE RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TILLE  P	h	•	——————————————————————————————————————	FL		
24 32.79 25 29 32.79 5 30 Florida Statutes		Country	Zip			<del></del>
WILLIAMS, JEFFERY M 3984 HUNTERS RIDGE WAY TITUSVILLE FL 32798  81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83  84 City  FL 85 Zip Code  11. Pursuant to thic provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist 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 registe agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE SIGNATUR	24 32.79	25	29 32796	30	,	
3964 HUNTERS RIDGE WAY TITUSVILLE FL 32796  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 regist 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 registed agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature: Specific Risk and little if applicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICE RISK AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  THE P DELETE IN TITLE  NAME  SIRBET ADDRESS  3984 HUNTERS RIDGE WAY  1.3 STREET ADDRESS		<ol><li>Name and Address of Curr</li></ol>	ent Registered Agent		10. Name and Address of New R	egistered Agent
TITUSVILLE FL 32796  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 regist 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 registed agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.  THEE  P  DELETE  1.1 TITLE  NAME  STREET ADDRESS  3984 HUNTERS RIDGE WAY  1.3 STREET ADDRESS	WIL	LLIAMS, JEFFERY M		81 Name		
TITUSVILLE FL 32796  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 regist 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature: typical or printed name of registered agent and table if applicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.  THEE  NAME  NAME  STREET ADDRESS  3964 HUNTERS RIDGE WAY  1.3 STREET ADDRESS	3964 HUNTERS RIDGE WAY			82 Street	Address (P.O. Box Number is Not Accepte	ble)
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.1 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	CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	3	☐ DELETE	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		☐ Change ☐ Additio

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 12 if changed, or on an attachment with an address.

SIGNATURE