

J40686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

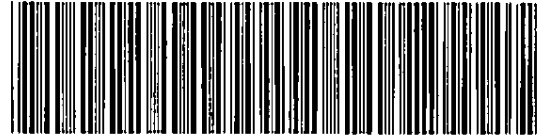
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600366888306

J40686
TA 11/4

JOHN J. JENNINGS
100 Amberwood Ct.
Longwood, FL 32779

October 28, 1986

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed you will find an original of the articles of incorporation of J. M. Diversified Investments, Inc. together with a copy. Also you will find a check in the amount of sixty-three and no/100 dollars (\$63.00) to cover the required fees. Should you have any questions, kindly give me a call at (305) 834-7373.

Sincerely,

John J. Jennings
John J. Jennings

JJJ:ms

11/05/86 00043 006
DOMESTIC FILING
REGISTERED AGENT 3.00
CHARTER TAX 20.00
CHARTER FILING 15.00
CERT/PHOTO COPY 15.00
=====

TOTAL 53.00

FILED
1986 OCT 31 11:11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
1986 OCT 31 PM 3:08
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Name	TA	OCT 24 1986
Availability	TA	
Document Examiner	TA	
Updater	TA	
Updater Verifier	TA	
Acknowledgement	TA	
W. P. Verifier	TA	

ARTICLES OF INCORPORATION
OF

J. M. Diversified Investments, Inc.

FILED
1996 OCT 31 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscriber(s) to these Articles of Incorporation,
a natural person competent to contract hereby subscribes to and forms
a corporation for profit under the laws of the State of Florida.

ARTICLE I - NAME

The name of the corporation is J. M. Diversified Investments, Inc.

ARTICLE II - NATURE OF BUSINESS

The corporation may engage in any activity or business permitted
under the laws of the United States and of this State.

ARTICLE III - CAPITAL STOCK

The maximum number of shares of stock that this corporation is
authorized to have outstanding at any time is Five Hundred
(500) shares of common stock, each share having the par value
of One-Dollar (\$1.00/xx).

ARTICLE IV - INITIAL CAPITAL

The amount of the capital with which this corporation shall begin
business is Five-Hundred and 00/100 Dollars
(\$ 500.00/xx).

ARTICLE V - TERM OF EXISTENCE

This corporation shall have perpetual existence.

ARTICLE VI - ADDRESS

The initial street address of the principal office of this corporation is 1200 S.R. 434, Suite 112, Longwood, FL 32750

ARTICLE VII - DIRECTOR(S)

The corporation shall have 2 director(s) initially,
whose name(s) and street address(es) are as follows:

<u>Name</u>	<u>Address</u>
<u>John J. Jennings</u>	<u>100 Amberwood Ct.</u> <u>Longwood, FL 32779</u>
<u>Frank J. Murray</u>	<u>205 Park Place Blvd., Suite 1</u> <u>Kissimmee, FL 32742</u>

ARTICLE VIII - SUBSCRIBER(S)

The name and street address of the subscriber(s) to these Articles of Incorporation are as follows:

<u>Name</u>	<u>Address</u>
<u>John J. Jennings</u>	<u>100 Amberwood Ct.</u> <u>Longwood, FL 32779</u>

Name

Address

Frank J. Murray

205 Park Place Blvd., Suite 1

Kissimmee, FL 32741

ARTICLE IX - REGISTERED OFFICE AND
REGISTERED AGENT

The street address of the initial Registered Office of this
Corporation is 100 Amberwood Ct., Longwood, FL 32779
and the name of the initial Registered Agent of this corporation at
that address is W. C. Jennings.

IN WITNESS WHEREOF, I have hereunto set my hand and seal, acknow-
ledged and filed the foregoing Articles of Incorporation under the
laws of the State of Florida this 20th day of October, 1986

John J. Jennings (SEAL)
Subscriber

Frank J. Murray (SEAL)
Subscriber

Subscriber (SEAL)

STATE OF FLORIDA

COUNTY OF OSCEOLA

BEFORE ME personally appeared JOHN J. JENNINGS
AND FRANK J. MURRAY

who executed the foregoing Articles of Incorporation, and acknowledged before me that they executed the same for the purposes therein expressed.

WITNESS my hand and official seal in the County and State named
above this 23 day of October, 1986.

William C. Ulmer
Notary Public, State of Florida

Notary Public, State of Florida
My Commission Expires July 2, 1939
My Commission expires: Notarized By: Ohio County, Tennessee Co.

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST-THAT J. M. Diversified Investments, Inc.
(NAME OF CORPORATION)

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA,

WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF Osceola County
(CITY)

STATE OF Florida, HAS NAMED
(STATE)

W. C. Jennings, LOCATED AT
(NAME OF RESIDENT AGENT)

100 Amberwood Ct.
(STREET ADDRESS AND NUMBER OF BUILDING, POST OFFICE BOX ADDRESSES NOT ACCEPTABLE)

CITY OF Longwood, STATE OF FLORIDA, AS ITS AGENT
(CITY)
TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE John J. Jennings
(CORPORATE OFFICER)

TITLE President

DATE 10-20-86

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE _____
(RESIDENT AGENT)

DATE 10-20-86

FILED
1986 OCT 31 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

ANNUAL REPORT

1987



Read Rules and Regulations on Other Side Before Making Entries
Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

1986
DIVERSIFIED INVESTMENTS, INC.
1500 S.W. 454
SUITE 112
LONGWOOD, FL 32750

Enter Change of Address of Corporation here
Office P.O. Box Number Above is NOT Sufficient
Enter Address:
P.O. Box No. 72
City and State 32
Zip Code 21

10/31/1986

JOHN J. JENNINGS

D/P

100 HEEPEROOD CT.

LONGWOOD, FL

FRANK J. JENNINGS

D

205 PARK PLACE BLVD., #1

KISSIMEE, FL

REGISTERED AGENT INFORMATION

JENNINGS, J.C.
100 HEEPEROOD CT.
LONGWOOD, FL 32750

Name and Address of Registered Agent

FL

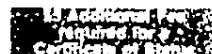
\$25.00 additional fee required for Registered Agent changes

John J. Jennings

DELINQUENT

3-17-87

(10) 100 112



FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT
1988



FLORIDA DEPARTMENT OF STATE
JAN SMITH
Secretary of State
DIVISION OF CORPORATIONS

Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

Name and Address of Corporation Principal Office

J40686
J. M. DIVERSIFIED INVESTMENTS, INC.
1200 S.R. 434
SUITE 112
LONGWOOD, FL 32750

If change address of corporation in any way, enter the correct address in item 2 through 2d only.

7 Enter Change of Address of Corporation Principal Office. P.O. Box Number Also in NOT Section

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

8 Date Incorporated or Qualified to Do Business in Florida

10/31/1986

9 Federal Employer Identification Number (EIN)

54-27398

5 Date of Last Report

03/24/1987

10 Name and Street Address of Each Officer and Director as of December 31, 1987

11 Name of Officers and Directors	12 Title	13 Street Address of Each Officer and Director (Do NOT Use P.O. Box Numbers)	14 City and State
JENNINGS, JOHN J.	D/P	100 AMBERWOOD CT.	LONGWOOD, FL
MURRAY, FRANK J.	D	205 PARK PLACE BLVD., #1	KISSIMEE, FL

REGISTERED AGENT INFORMATION

Name and Address of Current Registered Agent

JENNINGS, W.C.

100 AMBERWOOD CT.

LONGWOOD, FL 32779

15 Name and Address of New Registered Agent

Name 51

Street Address 1 (Do NOT Use P.O. Box Number) 52

Street Address 2 (Do NOT Use P.O. Box Number) 53

City and State 54

Zip Code 55

FL

I, the undersigned, being a resident of this State, do hereby certify that the foregoing is a true and correct statement of the information required by Chapter 607, F.S., and that the same has been filed with the Department of State for the purpose of changing its registered office or principal office, or both, in the State of Florida. This change was authorized by resolution duly adopted by its board of directors on 10/31/1986. I hereby record the appointment of registered agent from January 1st, 1988 and record the resignation of, Section 607, 12th F.S.

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

16 I, the undersigned, being a resident of this State, do hereby certify that the foregoing is a true and correct statement of the information required by Chapter 607, F.S., and that the same has been filed with the Department of State for the purpose of changing its registered office or principal office, or both, in the State of Florida.

See signature restrictions under instructions on reverse side of this form.

I certify that I am an Officer or Director of the Corporation, the President or Treasurer, or a duly authorized agent, and that I am signing this report as required by Chapter 607, F.S.

Signature of Officer or Director signing must be made in Block 61.

Signature of

Print Name of Signing Officer or Director

Phone

Telephone Number

17 If the corporation is a foreign corporation, enter the name of the state of incorporation.

18 If the corporation is a foreign corporation, enter the name of the state of incorporation.

19 If the corporation is a foreign corporation, enter the name of the state of incorporation.

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

APPROVED

CORPORATION

ANNUAL REPORT
1989



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1989 AUG 22 11 10 20

FILE
CORPORATION STATE
TALLAHASSEE DIVISION

Read Instructions on Back of Form Before Making Entry
Filing Fee of \$35 Required — Make Checks Payable to: Secretary of State

1. Name and Address of Corporation Principal Office

ZIP + 4

J40686 4
J. M. DIVERSIFIED INVESTMENTS, INC.
1200 S.R. 434
SUITE 112
LONGWOOD, FL 32750

If above address is incorrect, attach a copy of correct address
in item 2, include Zip Code

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient

Street Address 71

P.O. Box No. 72

City and State 73

Zip Code 24

3. (If incorporated or qualified
to do business in Florida)

10/31/1986

4. Federal Employer

Identification Number (FEIN)

59-2733978

5. Date of

Last Report

03/02/1988

6. Name and Street Address of Each Officer and Director, as of December 31, 1988

Name of Officer
and Director

Street Address of Each
Officer and Director

(Do NOT Use Post Office Box Number)

City and State

D/P JENNINGS, JOHN J.

100 AMBERMOOD CT.

LONGWOOD, FL

D MURRAY, FRANK J.

205 PARK PLACE BLVD., #1

KISSIMMEE, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

JENNINGS, W.C.
100 AMBERMOOD CT.
LONGWOOD, FL 32779

Name 81

Street Address 7 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

Zip Code 85

FL

I, the undersigned, in compliance of Chapter 607, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, submit this statement for the purpose of changing its registered office or registered agent, as set forth in the State of Florida. I am duly authorized by resolution duly adopted by its board of directors or its shareholders to execute this statement and to accept the obligations of Chapter 607, Florida Statutes.

Signature of Registered Agent Accepting Appointment

I, the undersigned, the new principal office in Florida, hereby accept the appointment of the above named corporation as its registered agent.

See signature instructions under instructions on reverse side of this form.

By the President, Secretary or Treasurer of the Corporation, the President or Russian Empowered to Execute This Report as Required by Chapter 607, Florida Statutes, shall sign and file this report with the Secretary of State. The report shall have the same legal effect as if made under oath.

John J. Jennings
JOHN J. JENNINGS

PRESIDENT

8/8/89

(407) 834-7373

\$5 Additional Fee
required for a
Certificate of Status

150226

DO NOT WRITE IN THIS SPACE

53 24

Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State

J40686 4

* Address in Block 1 is incorrect or may only be the correct address for our P.O. Box number and is NOT sufficient. The name of the corporation can be changed only by filing an amendment.

Street Address: 27

1099 Miller Dr.
PO Box 27

PO Box 72

Copy and SEND 73

Altamonte Springs, Fl.
32701

24

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

4 FBI Number: 59-2733978

FBI Interviewer Applies For
FBI Interviewer Nick Apple

(* Names and Street Addresses of Each Officer and Director (Do not use any correction tags or fluid to cover over missing information) *

1 Title	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
D/P	JENNINGS, JOHN J.	100 AMBERWOOD CT.	LONGWOOD, FL
D	MURRAY, FRANK J.	205 PARK PLACE BLVD., #1	KISSIMEE, FL

8. 1. Name and Address of the Party in Charge

44-38861

11. Name and Address of Current Registered Agent:

STUD: ACTIVES I (DO NOT USE PO ENVIRONMENT; E2)

Street Address 2 (Do NOT Use PO Box Number)

City and State of

FL

78-CAW-55

I, _____, hereby certify that the foregoing is a true and correct copy of the original document as it appears in the records of the State of Florida.

Signed at _____, Florida, this _____ day of _____, 20____.

Notary Public for the State of Florida

..-204211575

12-11-68 [illegible]

CATE

1. I hereby declare that the information furnished on this annual report is a true and correct statement of the facts and circumstances within the knowledge of the person making the report, and that the report is true and correct in all material particulars.

JOHN J. JENNINGS PRESIDENT (407) 934-7373

6-1-90

(467) 934-7373

55 Abstracts For
TOLSON by a
Committee of Seven

APR 1963
RECEIVED
JUL 1963
FALLABEACH, N.
FILED

FILING FEE OF \$61.25 REQUIRED — Make Checks Payable To: Secretary of State **\$8.75 Additional Fee required for a Certificate of Status**

FILE NOW! CORPORATE STATUS WILL BE
DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1992



FLORIDA DEPARTMENT OF STATE
Division of
CORPORATIONS

122502

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

FILING FEE \$61.25 Make Payable To: Secretary of State

1. Registered Mailing Address of Corporation
DOCUMENT #J40886 (4)
J. M. DIVERSIFIED INVESTMENTS, INC.
~~1000 MILLER DRIVE~~
~~ALBANY SPRINGS FL 32701-2089~~

2. * Address in Block 1 is incorrect in any way, and therefore, incorrect information and error the correct address is: (If Block 1 is incorrect, the FILING fee of the corporation shall be waived by filing an amendment.)

21. Mailing Address

22. P.O. Boxes

6862

23. City and State

Longwood, Florida

24. Zip Code

32779

3. Date incorporated or qualified to do business in Florida

10/31/1986

3a. Date of Last Report

02/25/1991

4. FET Number

59-2733978

5. FET Number Applied For

\$6.75

FET Number for Application

CERTIFICATE OF STATUS DESIRE

6. Names and Street Addresses of Each Officer and Director (Do not use any common names that do not contain their street information.)

1. Title	2. Name of Officer and Director	3. Street Address of Each Officer and Director (Do not use Post Office Box Numbers)	4. City and State
D/P	JENNINGS, JOHN J.	100 AMBERWOOD CT.	LONGWOOD, FL
D	MURRAY, FRANK J.	206 PARK PLACE BLVD., #1	TALLAHASSEE, FL

REGISTERED AGENT INFORMATION

JENNINGS, W.C.
100 AMBERWOOD CT.
LONGWOOD, FL 32779

8. Name and Address of New Registered Agent

81. Name	
82. Street Address (Do not use P.O. Box Numbers)	
83. Mailing Address (Do not use P.O. Box Numbers)	
84. City	FL
85. Zip Code	

9. If the corporation is a corporation of another state, it must file a certificate of incorporation with the Secretary of State of Florida. If the corporation is a corporation of another state, it must file a certificate of incorporation with the Secretary of State of Florida. If the corporation is a corporation of another state, it must file a certificate of incorporation with the Secretary of State of Florida.

10. The corporation is authorized to do business in the State of Florida. (If the corporation is authorized to do business in the State of Florida, it must file a certificate of incorporation with the Secretary of State of Florida.)

11. The corporation is authorized to do business in the State of Florida. (If the corporation is authorized to do business in the State of Florida, it must file a certificate of incorporation with the Secretary of State of Florida.)

SIGNATURE *John J. Jennings*
JOHN J. JENNINGS President
2-17-91
407 788-0800

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

INCORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
DIVISION OF CORPORATIONS

DOCUMENT # J40686 (4)

J. M. DIVERSIFIED INVESTMENTS, INC.

P.O. BOX 6862
LONGWOOD FL 32779

P.O. BOX 6862
LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation	36. Date of Sale
10/31/1986	03/22/1994
4. File Number	
59-2733978	
5. Corporate Franchise Fee	\$8.75
6. State of Florida Franchise Fee	\$5.00
7. Total Franchise Fee	\$13.75
8. Total Franchise Fee	\$13.75

21. Name of State	22. State of Florida
23. Name of State	24. State of Florida
25. Name of State	26. State of Florida
27. Name of State	28. State of Florida
29. Name of State	30. State of Florida

JENNINGS, W.C.
100 AMBERWOOD CT.
LONGWOOD FL 32779

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JENNINGS, W.C. 100 AMBERWOOD CT. LONGWOOD FL 32779	

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by law.

12. OFFICERS AND DIRECTORS	13. OFFICERS AND DIRECTORS
DP JENNINGS, JOHN J. 100 AMBERWOOD CT. LONGWOOD FL	14. Name 15. Address 16. City 17. State 18. Zip
	19. Name 20. Address 21. City 22. State 23. Zip
	24. Name 25. Address 26. City 27. State 28. Zip
	29. Name 30. Address 31. City 32. State 33. Zip
	34. Name 35. Address 36. City 37. State 38. Zip
	39. Name 40. Address 41. City 42. State 43. Zip
	44. Name 45. Address 46. City 47. State 48. Zip
	49. Name 50. Address 51. City 52. State 53. Zip
	54. Name 55. Address 56. City 57. State 58. Zip
	59. Name 60. Address 61. City 62. State 63. Zip
	64. Name 65. Address 66. City 67. State 68. Zip
	69. Name 70. Address 71. City 72. State 73. Zip
	74. Name 75. Address 76. City 77. State 78. Zip
	79. Name 80. Address 81. City 82. State 83. Zip
	84. Name 85. Address 86. City 87. State 88. Zip
	89. Name 90. Address 91. City 92. State 93. Zip
	94. Name 95. Address 96. City 97. State 98. Zip
	99. Name 100. Address 101. City 102. State 103. Zip

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by law.

SIGNATURE: *John J. Jennings* John J. Jennings, President of J.M. Diversified Investments, Inc.