

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

FILED
Apr 22 1996 8:00 am
Secretary of State

DOCUMENT # J47079 (5)

1. Corporation Name
III J.C. PROPERTIES, INC.

Principal Place of Business

P. O. BOX 2728
ORMOND BEACH FL 32175

Mailing Address

P. O. BOX 2728
ORMOND BEACH FL 32175

2. Principal Place of Business

2a. Mailing Address

21 1325 HULL TRAIL

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 ORMOND BEACH, FL

28 City & State

Zip

Country

24 32174

25 USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/15/1986

3a. Date of Last Report
04/11/1995

4. FEI Number
59-2749320

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

BAILEY & TRUMBO
340 NORTH CAUSEWAY
NEW SMYRNA BEACH FL 32169

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
NAME
D
CINELLI, JAMES
848 HULL ROAD
ORMOND BEACH FL
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
DV
CINELLI, JOHN
848 HULL ROAD
ORMOND BEACH FL
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
D
CINELLI, JOHN, SR.
848 HULL ROAD
ORMOND BEACH FL
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
CITY - ST - ZIP

☐ DELETE

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96

904-673-6861

CR2E034 (12/95)