

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90001 025 ***150.00

DOCUMENT # **J83875**

1. Corporation Name

PM & JM, INC.

Principal Place of Business

**101 S. OCEAN AVE
DAYTONA BEACH FL 32118-4321**

Mailing Address

**101 S. OCEAN AVE
DAYTONA BEACH FL 32118-4321**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1987

4. FEI Number

59-2854500

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**

Fee Required

6. Election Campaign Financing ☐**\$5.00 May Be**

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**MAYO, PERRY
2812 MARQUESAS COURT
WINDERMERE FL 32790**

10. Name and Address of New Registered Agent

81 Name

Martin Mayo

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

2812 Marquesas Court83 **Windermere, FL 32790**

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

3-24-99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETENAME **MAYO, PERRY**
STREET ADDRESS **2812 MARQUESAS COURT**
CITY-ST-ZIP **WINDERMERE FL**TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Joyce Mayo D** ☒ Change ☐ Addition12 NAME **2812 Marquesas Court**13 STREET ADDRESS **Windermere, FL 32790**14 CITY-ST-ZIP **Windermere, FL 32790** ☐ Change ☐ Addition2.1 TITLE **D** ☐ Change ☐ Addition2.2 NAME **Martin Mayo**2.3 STREET ADDRESS **2812 Marquesas Court**2.4 CITY-ST-ZIP **Windermere, FL 32790** ☐ Change ☐ Addition3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Martin Mayo

Date

Daytime Phone #

3-24-99 904 238 6440

CR2E034 (1/98)