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

May 28 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1**9**98 DOCUMENT #
1. Corporation Name J93756 (1) S.B.J.M., INC. Mailing Address Principal Place of Business % HAROLD S. RICHMOND % HAROLD S. RICHMOND 227 E. JEFFERSON ST. 227 E. JEFFERSON ST. DO NOT WRITE IN THIS SPACE QUINCY FL 32351 OUINCY FL 32351 3. Date Incorporated or Qualified 09/23/1987 2. Principal Place of Business 2a. Mailing Address Applied For FEI Number 59-2869309 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intancible 24 25 29 30 Personal Property Tax due June 30. Yes □ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 RICHMOND, HAROLD S. 227 E JEFFERSON ST. Street Address (P.O. Box Number is Not Acceptable) QUINCY FL 32351 83 84 City Zip Code 85 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, typed or printed name of registered agent and trin if applicable (NOTE Registered Agent signature required when reinstaling) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change 1.1 TITLE TITLE WILSON, GRADY NAME 1.2 NAME - 47 N. ROBERTS ST.-STREET ADDRESS 1.3 STREET ADDRESS 1134 West Washington Street **QUINCY FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE **C**hange Addition DST TITLE 21 11TLE MAHAFFEY, CHARLES BRANCH NAME 2.2 NAME 47 N. ROBERTS ST.-STREET ADDRESS 2.3 STREET ADDRESS 1134 West Washington Street **QUINCY FL** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE RICHMOND, HAROLD S. NAME 3.2 NAME -17 N ROBERTS ST:-1134 West Washington Street STREET ADDRESS 33 STREET ADDRESS **QUINCY FL** CITY-ST-ZIP 3.4. CITY - ST - 2IP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition Change TITLE 6.1 TITLE 6000025405*0*6 NAME 6.2 NAME -05/29/98--01031--008 STREET ADDRESS 6.3 STREET ADDRESS ***1500085.36 CITY-ST-ZIP 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 supplication and 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

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