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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # K00035 1. Corporation Name

JLM ENTERPRISES OF THE TREASURE COAST, INC.

Principal Place of Business Mailing Address									
2325 NE DIXIE	HWY	2325 NE DIXIE HWY							
STE 1000		STE 1000			(
JENSEN BEACI	H FL 34957	JENSEN BEACH FL 34957			DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorporated or Qualifed			
1						11/02/1987			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		App	lied For
21	•	26				65-0010842	<u> </u>	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.	75 A	ditional
22		27			5. Certifcate of Status Desired	Fe	ee Req	uired	
City & State .		City & State			6. Election Campaign Financing	\$5	.00 N	/av Be	
23		28				Trust Fund Contribution		ided to	
Zip	Country	Zip	Count			8. This corporation owes the current y	ear Intangible		
24	25	29	30			Personal Property Tax.	☐ Yes		∃No
	9. Name and Address of Current Registered Agent					10. Name and Address of New Regis	tered Agent		
				81 Na	me				
MACDEVITT, TERRY L.				82 St	A A - A - I	(D.O. B. M. abo in Mad A			
872 NW SUNSET DR)	OF 20	eer Addre	ss (P.O. Box Number is Not Acceptable)			
STUART FL 34994				83					
Ì	·		1						
				84 Ci	ty		FL 85	Zip Co	ode
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statute	s the ar	DVE-DS	ned como	ration submits this statement for the purp		no its ro	enistered
office or r	egistered agent, or both, in the State of	of Florida. Such change was au	thorized	by the	corporation	's board of directors. I hereby accept the	appointment	as regi	stered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flori	da Statu	tes.					
SIGNATURE		Alore I					ATE		
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered OFFICERS AND DIRECTORS 13.			agent sign	nure required	ADDITIONS/CHANGES TO OFFICE		CTOE	S IN 12
TITLE	PD	DELETE	1.1 TIT			ADDITIONS/CHANGES TO OFFICE	Cha		☐ Addition
NAME	MACDEVITT, TERRY L.	_ 5222,2	1.2 NA	_				go	
STREET ADDRESS	872 NW SUNSET DR			REET ADD	RESS				
CITY-ST-ZIP	STUART FL			Y-ST-ZIP					
TITLE	1	☐ DELETE	2.1 TITLE				☐ Cha	ınge	☐ Addition
NAME .			2.2 NAME		ĺ				ı
STREET ADDRESS			2.3 STREET		ESS				{
CITY-ST-ZIP			2. 4 CITY-ST-						
TITLE	ļ	DELETE	3.1 TITLE		1		☐ Cha	ınge	Addition
NAME			3.2 NAME		1				
STREET ADDRESS			3.3 STREET ADDRESS		ESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP						
TITLE		DELETE	4.1 TITI	4.1 TITLE			Cha	inge	Addition
NAME {			4. 2 NAME		Į				
STREET ADDRESS	ESS 42		4.3 STA	4.3 STREET ADDRESS					
CITY-ST-ZIP			4	r-ST-ZIP					
TITLE		☐ DELETE	5.1 T/TLE		<u> </u>		Cha	ange	☐ Addition
NAME		_	5.2 NA				_	•	_ (

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CiTY-ST-ZiP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

56/-334-1800 Daytime Phone #

Change

☐ Addition

595290-90008-46 K0003**5**

South Florida Professional Land Surveyors

DEPARTMENT OF STATE

7/9/99

3568 *150.00*

mailDED AGAIN 3rd time!

WASHINGTON MU. K00035

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