FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K93871 (7)

1. Corporation Name

JMAC DEVELOPMENT OF FLORIDA, INC.

Principal Place of Business
% C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324

Mailing Address
% C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/08/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)	2a. Mailing Address (26) 1200 S. Pine Island Rd
Suite, Apt. #, etc (22)	Suite, Apt. #, etc (27)
City & State (23)	City & State (28) Plantation Florida
Zip (24) Country (25)	Zip (29) 33324 Country (30)

4. FEI Number: 58-1846641 ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1 1 TITLE ☐ Change ☐ Addition
NAME	MCCONNELL, JOHN H.	1 2 NAME
STREET ADDRESS	151 E WILSON BRIDGE RD., STE 150	1 3 STREET ADDRESS
CITY ST ZIP	WORTHINGTON OH	1 4 CITY ST ZIP
TITLE	D	2 1 TITLE ☐ Change ☐ Addition
NAME	MCCONNELL, JOHN P.	2 2 NAME
STREET ADDRESS	150 E WILSON BRIDGE RD., STE 150	2 3 STREET ADDRESS
CITY ST ZIP	WORTHINGTON OH	2 4 CITY ST ZIP
TITLE	D	3 1 TITLE ☐ Change ☐ Addition
NAME	BRINKMAN, DALE	3 2 NAME
STREET ADDRESS	150 E WILSON BRIDGE RD., STE 150	3 3 STREET ADDRESS
CITY ST ZIP	WORTHINGTON OH	3 4 CITY ST ZIP
TITLE	D	4 1 TITLE ☐ Change ☐ Addition
NAME	JONES, EDWARD J.	4 2 NAME
STREET ADDRESS	1105 N MARKET ST., STE 1300	4 3 STREET ADDRESS
CITY ST ZIP	WILMINGTON DE	4 4 CITY ST ZIP
TITLE	D	5 1 TITLE ☐ Change ☐ Addition
NAME	THOMAS, MICHAEL H.	5 2 NAME
STREET ADDRESS	150 E WILSON BRIDE RD., STE 150	5 3 STREET ADDRESS
CITY ST ZIP	WORTHINGTON OH	5 4 CITY ST ZIP
TITLE		6 1 TITLE ☐ Change ☐ Addition
NAME		6 2 NAME
STREET ADDRESS		6 3 STREET ADDRESS
CITY ST ZIP		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: Michael H. Thomas Michael H. Thomas, Director 4-20-95 614-436-2418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0231748 CP