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

DOCUMENT # K93871

1. Corporation Name

JMAC DEVELOPMENT OF FLORIDA INC

Principal Place of Business
c/o CT CORPORATION SYSTEM
8751 WEST BROWARD BLVD
PLANTATION FL 33324

Mailing Address
c/o CT CORPORATION SYSTEM
8751 WEST BROWARD BLVD
PLANTATION FL 33324

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

2. Principal Place of Business — 21:
2a. Mailing Address — 26: 1200 S PINE ISLAND ROAD
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 _____
Signature, Typed or Printed Name of Registered Agent and Date if applicable (NOTE: Registered Agent signature required where resulting)

CR2E034 (12/95)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	McCONNELL, JOHN H.	1.2 NAME	
STREET ADDRESS	150 E Wilson Bridge Rd, Ste 230	1.3 STREET ADDRESS	150 E WILSON BRIDGE ROAD, SUITE 230
CITY-ST-ZIP	Worthington, Ohio 43085	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	McCONNELL, JOHN P.	2.2 NAME	
STREET ADDRESS	150 E WILSON BRIDGE RD, STE 230	2.3 STREET ADDRESS	SUITE 230
CITY-ST-ZIP	WORTHINGTON, OHIO 43085	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	BRINKMAN, DALE	3.2 NAME	
STREET ADDRESS	150 E WILSON BRIDGE RD, STE 230	3.3 STREET ADDRESS	SUITE 230
CITY-ST-ZIP	WORTHINGTON, OHIO 43085	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JONES, EDWARD J.	4.2 NAME	
STREET ADDRESS	1105 N MARKET ST, SUITE 1300	4.3 STREET ADDRESS	800001822778
CITY-ST-ZIP	WILMINGTON DE 19899	4.4 CITY-ST-ZIP	-05/15/96--01069--028
TITLE	D ☐ DELETE	5.1 TITLE	***200.00 ☒ Change ☐ Addition
NAME	THOMAS, MICHAEL H.	5.2 NAME	
STREET ADDRESS	150 E WILSON BRIDGE RD, STE 230	5.3 STREET ADDRESS	SUITE 230
CITY-ST-ZIP	WORTHINGTON OH 43085	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	5-1-96

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-24-96

Daytime Phone #: 614-436-2418