

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

Mailing Address

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

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

2a. Mailing Address

21 Suite, Apt. #, etc

26 1200 S PINE ISLAND ROAD
Suite, Apt. #, etc

23 City & State

27 City & State
28 PLANTATION FLORIDA

24 Zip Country

29 Zip 33324 Country

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME McCONNELL, JOHN H.
STREET ADDRESS 150 E Wilson Bridge Rd, Ste 230
CITY-ST-ZIP Worthington, Ohio 43085

TITLE D ☐ DELETE
NAME McCONNELL, JOHN P.
STREET ADDRESS 150 E WILSON BRIDGE RD, STE 230
CITY-ST-ZIP WORTHINGTON, OHIO 43085

TITLE D ☐ DELETE
NAME BRINKMAN, DALE
STREET ADDRESS 150 E WILSON BRIDGE RD, STE 230
CITY-ST-ZIP WORTHINGTON, OHIO 43085

TITLE D ☐ DELETE
NAME JONES, EDWARD J.
STREET ADDRESS 1105 N MARKET ST, SUITE 1300
CITY-ST-ZIP WILMINGTON DE 19899

TITLE D ☐ DELETE
NAME THOMAS, MICHAEL H.
STREET ADDRESS 150 E WILSON BRIDGE RD, STE 230
CITY-ST-ZIP WORTHINGTON OH 43085

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

150 E WILSON BRIDGE ROAD, SUITE 230

SUITE 230

SUITE 230

800001822778

-05/15/96-01069-028

***200.00

SUITE 230

5-1-96

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

614-436-2418

CR2E034 (12/95)