

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 # L13789 (7)

1. Corporation Name

JGM INVESTMENTS, INC.



Principal Place of Business

Mailing Address

~~1602 W KNOLLWOOD ST~~
TAMPA FL 33604-5824

1602 W KNOLLWOOD ST
TAMPA FL 33604-5824

3. Date Incorporated or Qualified

09/06/1989

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 2057 S Byron Butler Parkway
Suite, Apt. #, etc.

26 22539 Southshore Drive
Suite, Apt. #, etc.

22 Suite 21
City & State

27
City & State

23 Perry, FL

28 Land-O-Lakes, FL

24 Zip 32347

Country

29 Zip 34639-4727

Country

25

30 Pasco

4. FEI Number

65-0202684

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

GIALLANZA, JOSEPH H.

~~1602 W KNOLLWOOD~~

~~TAMPA FL 33604~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

22539 Southshore Drive

83

84 City

Land-O-Lakes

FL

85 Zip Code

34639-4727

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 title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

NAME PD GIALLANZA, JOSEPH H.

STREET ADDRESS 1602 W KNOLLWOOD

CITY-STATE-ZIP TAMPA FL

1.2 TITLE

NAME STD GIALLANZA, GEORGINA T.

STREET ADDRESS 1602 W KNOLLWOOD

CITY-STATE-ZIP TAMPA FL

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

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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 any attachment with an address.

SIGNATURE:

Georgina T. Giallanza 02/12/1996

813-996-4353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)