

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PH 1:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L30079 (2)

**1. Corporation Name
JAMAC, 580, INC.**

**Principal Place of Business
% THOMAS O. MICHAELS ESQ
1370 PINEHURST RD
DUNEDIN FL 34698**

**Mailing Address
% THOMAS O. MICHAELS ESQ
1370 PINEHURST RD
DUNEDIN FL 34698**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/13/1989 **3a. Date of Last Report 02/28/1994**

4. FEI Number 59-2987146 **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**

2. Principal Place of Business **2a. Mailing Address**

21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.

22 City & State **27** City & State

23 Zip **28** Zip

24 Country **25** Country **29** Country **30** Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MICHAELS, THOMAS O. ESQ
1370 PINEHURST RD
DUNEDIN FL 34698**

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 title if applicable

NOTE: Registered Agent signature required when mentioning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE PST
NAME MCMULLEN, JOHN L.
STREET ADDRESS 303 EASTLEIGHT DRIVE
CITY-ST-ZIP BELLEAIR FL**

**11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE D
NAME MCMULLEN, JOHN L.
STREET ADDRESS 303 EASTLEIGHT DRIVE
CITY-ST-ZIP BELLEAIR FL**

**21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP**

☐ Change ☐ Addition

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)(b), 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:

John L. McMullen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95 813-446-6402
DATE TELEPHONE NUMBER