

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90080 026 ***150.00

DOCUMENT # L51590

1. Corporation Name
JMJ BUILDING CO.

Principal Place of Business
C/O JOHN PALUMBO
499 S.R. 434 NORTH, SUITE 2149
ALTAMONTE SPRINGS FL 32714

Mailing Address
C/O JOHN PALUMBO
499 S.R. 434 NORTH, SUITE 2149
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1990

4. FEI Number

59-2997885

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 C/O John Palumbo

2a. Mailing Address

26 c/o John Palumbo

Suite, Apt. #, etc.

22 2018 Port Marnock Lane

Suite, Apt. #, etc.

27 2018 Port Marnock Lane

City & State

23 Orlando ~~Orange~~ Florida

City & State

28 Orlando, Florida

Zip

24 32826

Country

25 Orange

Zip

29 32826

Country

30 Orange

9. Name and Address of Current Registered Agent

PALUMBO, JOHN
499 S.R. 434 NORTH
SUITE 2149
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

John Palumbo

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

2018 Port Marnock Lane

83

Orlando, Florida

84 City

Orlando

FL

85 Zip Code

32826

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

John Palumbo

(John Palumbo)

4-14-99

DATE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D PALUMBO, JOHN
STREET ADDRESS
499 S.R. 434 NORTH, #2149
CITY-ST-ZIP
ALTAMONTE SPRINGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
D PALUMBO, JOHN
1.3 STREET ADDRESS
2018 Port Marnock Lane
1.4 CITY-ST-ZIP
Orlando, Florida 32826

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

John Palumbo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(JOHN PALUMBO, PRES)

Date

4-14-99

Daytime Phone #

407-249-7910

0568340

CR2E034 (11/98)