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

PROFIT *
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # L72309

(2)

JMC COMMUNITIES OF ST. PETERSBURG, INC.

Principal Place of Business Mailing Address]	ibli bibli bibl				
S	2201 4TH ST. STE.#200 ST. PETERSBL		04	STE.#200	2201 4TH ST. N. STE.#200 ST. PETERSBURG FL 33704											
					on victorial victorial				3.	05/11/1990 05/0				of Last Report 01/1995		
2. 21	1	rincipal Place of Business			2a. Mailing Address				4.	FEI Number 59-306213	1	1	<u></u>		ied For Applicable	
22	Suite, Apt. #, etc.			27				5.	Certificate of Stat	us Desired			75 Add	ditional uired		
23		; 	· pro-money at	City & S	City & State				6.	Election Campaig Trust Fund Contri		S5.00 May Be Added to Fees				
24	Zip]	···	Country 25	Zip 29	·· · · · · · · · · · · · · · · · · · ·	Count 30				This corporation has liability for intangible tax under Florida Statutes This corporation has liability for intangible tax under the statutes are statuted. Yes				s 199	.032	
g, Name and Address of Current R			t Registered Ac	-!			10. Name and Address of New Registered Agent									
	DAGONI	DAME 4				l'	81	Name								
	BACON, DAVID A.				8			Street A	Address (P.O. Box Number is Not Acceptable)							
2959 FIRST AVENUE NORTH ST. PETERSBURG FL 33713						83										
	01. 1 616	Nobolic i	LE 901 IO													
							84	City				FL	85	Zip Cod	de	
11	. Pursuant tr	o the provisi	ions of Sections 607.0502 both, in the State of Florid	and 607.1508, F	Florida Statutes	s, the abov	L re-na	amed cor	poration s	ubmits this statem	ent for the pur	rnose of cha	naina it	s regist	ered office	
	or registere familiar wit	ad agent, or h, and acce	both, in the State of Florid pt the obligations of, Section	ia. Such change on 607.0505, Flo	was authorized orida Statutes.	d by the co	orpo	oration's b	oard of di	rectors. I hereby a	ccept the app	ointment as	register	ed ager	nt. I am	
SI	ignature			•												
		Signature, typind	or printed har religion of registered agent a		TON	Er Registered A	Agent	signature req	**************************************			DATE				
12		г-в	OFFICERS AND			13.				ADDITIONS/CHAN	NGES TO OFF					
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	I, I do hereby certify that t oath; that I	an an office	the information supplied witten indicated on this annual or or director of the corporablock 13 if chapped, or or	ai report or suppli alion or the recei	ilornental annua iliver or trustee e	al report is empowere	oes truo	not qualif	MOLO ODG	that row alconstruct a	shall bours the	anne level .	- E/ 1	. 14		
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SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 813 823 0022

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