

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

FILED

**Jan 21 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # L85632 (2)

**1. Corporation Name
JAMAC CRYSTAL RIVER, INC.**



**Principal Place of Business
253 SE US 19
CRYSTAL RIVER FL 32629**

**Mailing Address
253 SE US 19
CRYSTAL RIVER FL 34429-4834**

**3. Date Incorporated or Qualified
06/28/1990** **3a. Date of Last Report
03/19/1996**

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 **29** Country **30** Country

**4. FEI Number
59-3021389** **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

**MICHAELS, THOMAS O.
1370 PINEHURST RD
DUNEDIN, FLK 34898**

10. Name and Address of New Registered Agent

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, or director if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS

DELETE

TITLE **DP**

NAME **MCMULLEN, JOHN L.**

STREET ADDRESS **303 EAST LEIGH DR.**

CITY - ST - ZIP **BELLEAIR FL**

TITLE **VD**

NAME **FARRIOR, JAMES T.**

STREET ADDRESS **11930 W. CREEKSIDE LN**

CITY - ST - ZIP **HOMOSASSA FL**

TITLE **TD**

NAME **FARRIOR, ANNE M.**

STREET ADDRESS **11930 W. CREEKSIDE LN**

CITY - ST - ZIP **HOMOSASSA FL**

TITLE **SD**

NAME **MCMULLEN, THOMAS W.**

STREET ADDRESS **624 SNUG ISLAND**

CITY - ST - ZIP **CLEARWATER FL**

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

Change Addition

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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 do 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.

SIGNATURE: **JAMES T. FARRIOR** **1.14.97** **352 563 1322**

Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)