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

DOCUMENT # M00389

JJM CONSULTANTS, INC.

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90168 029 ***150.00



Principal Place	of Business	Maining Address				
3181 STERLING ST 3181 STERLING ST						
TARPON SPRINGS FL 34689 TARPON SPRINGS FL 3			89		DO NOT WORK IN THE COACE	
US		US			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					05/04/1984	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			59-2410285 Not Applicable	
Suite, Apt.	ŧ, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & State)	City & State	1		6. Election Campaign Financing S5.00 May Be	
23	- <u>-</u>	28	پ ۔ ۔۔۔۔	·	Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible	
	25	29 30	1 .		Personal Property Tax. Yes No	
24	9. Name and Address of Current		<u> </u>		10. Name and Address of New Registered Agent	
	5. Name and Address of Current	registered rigent	81	Name		
RUG	ERS, JOHN F.					
			82	82 Street Address (P.O. Box Number is Not Acceptable)		
3181 STERLING ST TARPON SPRINGS FL 34689						
TARE	ON SPHINGS PL 34009		83			
			84	City	85 Zip Code	
			"	Oity	. FL 0 2 5 5 5 5 5 5 5 5 5	
11. Pursuant f	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	e-named co	orporation submits this statement for the purpose of changing its registered	
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	if Florida. Such change was auth-	onzed by	the corpora	ration's board of directors. I hereby accept the appointment as registered	
agent. i ar	n familiar with, and accept the obligation	ons of, Section 607.0005, Pionde	y Glatutes	•		
SIGNATURE	Signature, typed or printed name of registered agent	and title if poplicable /NOTE: Rec	nistered Aner	nt signature regu	quired when reinstating) DATE	
12.	OFFICERS AND		13.	it organization radio	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	PD	□ DELETE	1.1 TITLE		☐ Change ☐ Addition	
TITLE					- -	
NAME	ROGERS, JOHN F.		1.2 NAME			
STREET ADDRESS	3181 STERLING ST		1.3 STREE	TADORESS		
CITY-ST-ZIP	TARPON SPRINGS FL		1.4 CITY-S	T-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		Change Addition	
NAME	ROGERS, MARY M.		2.2 NAME			
STREET ADDRESS	3181 STERLING ST	•	2.3 STREE	TADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL	•	2. 4 C/TY-5	T-71P		
TITLE	1700 011 0110012	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
ļ	=		3.2 NAME		المعارض والمنافذ والم	
NAME		· -				
STREET ADDRESS	•			TADORESS		
CITY-ST-ZIP			3.4, CITY-5	ST-ZIP	Change Addition	
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME		1	4. 2 NAME			
STREET ADDRESS			4.3 STREE	TADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME		•	
				TADDRESS		
STREET ADDRESS	•		5.4 CITY-S			
CITY-ST-ZIP	***	□ pc) s75	6.1 TITLE	17- ZIF	☐ Change ☐ Addition	
TITLE	•	☐ DELETE		l	□ Outsinge □ Auduluoi.	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	TADORESS		
CITY-ST-ZIP			6.4 CITY-S	T-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 distance ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAMED OF SIGNING OFFICER OR DIRECTOR

4/6/99 (727/937-8104

CR2E034 (1.1/98) ______