

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N09035 (9)
1. Corporation Name
JCMC PROPERTIES, INC.



Principal Place of Business
**4304 BOYSCOUT BLVD.
TAMPA FL 33607**

Mailing Address
**4304 BOYSCOUT BLVD.
TAMPA FL 33607**

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date incorporated or Qualified 05/02/1985		3a. Date of Last Report 01/31/1995	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2533622		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

g. Name and Address of Current Registered Agent TROCKE, MICHAEL T. 101 E. KENNEDY BOULEVARD SUITE 2500 TAMPA FL 33602				10. Name and Address of New Registered Agent			
81 Name				85 Zip Code			
82 Street Address (P.O. Box Number is Not Acceptable)							
83							
84 City				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE	11 TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	FOGARTY, JERRY E.		12 NAME	George H. Pennington, Jr.			
STREET ADDRESS	1103 CUMBERLAND STREET		13 STREET ADDRESS	4304 Boy Scout Blvd.			
CITY- ST- ZIP	TAMPA FL		14 CITY- ST- ZIP	Tampa, FL 33607			
TITLE	D	<input checked="" type="checkbox"/> DELETE	21 TITLE	Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	FALCONE, LOIS		22 NAME	Paul Flynn			
STREET ADDRESS	11405 COUNTRY OAKS DR		23 STREET ADDRESS	425 Montrose Ave.			
CITY- ST- ZIP	TAMPA FL		24 CITY- ST- ZIP	Tampa, FL			
TITLE	D	<input type="checkbox"/> DELETE	31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TROCKE, MICHAEL T.		32 NAME				
STREET ADDRESS	101 E. KENNEDY BOULEVARD, STE 2500		33 STREET ADDRESS				
CITY- ST- ZIP	TAMPA FL		34 CITY- ST- ZIP				
TITLE	S	<input checked="" type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WARD, JUDGE EDWARD		42 NAME				
STREET ADDRESS	RTE 1		43 STREET ADDRESS				
CITY- ST- ZIP	ODESSA FL		44 CITY- ST- ZIP				
TITLE	PD	<input checked="" type="checkbox"/> DELETE	51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STUCK, JEAN		52 NAME				
STREET ADDRESS	10205 FLEETWOOD DR		53 STREET ADDRESS				
CITY- ST- ZIP	TAMPA FL		54 CITY- ST- ZIP				
TITLE		<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY- ST- ZIP			64 CITY- ST- ZIP				

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
George H. Pennington, Jr.

1/26/96

(813) 870-1300

Date

Daytime Phone

CR2E037 (12/95)