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Mar 21 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 33607-5717**

3. Date Incorporated or Qualified
05/02/1985

3a. Date of Last Report
02/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-2533622

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

10. Name and Address of New Registered Agent

**TROCKE, MICHAEL T.
101 E. KENNEDY BOULEVARD
SUITE 2500
TAMPA FL 33602**

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **FOGARTY, JERRY E.**
STREET ADDRESS **1103 CUMBERLAND STREET**
CITY-ST-ZIP **TAMPA FL**

1.1 TITLE **President** ☐ Change ☒ Addition
1.2 NAME **George H. Pennington, Jr.**
1.3 STREET ADDRESS **4304 Boy Scout Blvd.**
1.4 CITY-ST-ZIP **Tampa, FL 33607**

TITLE **D** ☒ DELETE
NAME **FALCONE, LOIS**
STREET ADDRESS **11405 COUNTRY OAKS DR**
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE **T/D** ☐ Change ☒ Addition
2.2 NAME **Paul Flynn**
2.3 STREET ADDRESS **425 Montrose Ave.**
2.4 CITY-ST-ZIP **Tampa, FL 33609**

TITLE **D** ☐ DELETE
NAME **TROCKE, MICHAEL T.**
STREET ADDRESS **101 E. KENNEDY BOULEVARD, STE 2500**
CITY-ST-ZIP **TAMPA FL**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Peter Kelly**
3.3 STREET ADDRESS **501 E. Kennedy Blvd. Suite 1400**
3.4 CITY-ST-ZIP **Tampa, FL 33602**

TITLE **S** ☒ DELETE
NAME **WARD, JUDGE EDWARD**
STREET ADDRESS **RTE 1**
CITY-ST-ZIP **ODESSA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **PD** ☒ DELETE
NAME **STUCK, JEAN**
STREET ADDRESS **10205 FLEETWOOD DR**
CITY-ST-ZIP **TAMPA FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

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

3/17/97 (813) 870-1300
Date Daytime Phone

0047575

CR2E037 (9/96)