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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **P17651** **(1)**

1. Corporation Name
JCM DEVELOPMENT COMPANY

Principal Place of Business	Mailing Address
95 CENTENNIAL DRIVE MEDFORD NJ 08055	JCM DEVELOPMENT COMPANY, C/O J. C. MERRITT 95 E. CENTENNIAL DRIVE MEDFORD NJ 08055 US

3. Date Incorporated or Qualified: 01/14/1988
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 6899 SE Golfhouse Drive	26 6899 SE Golfhouse Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Hobe Sound, Fl	City & State 28 Hobe Sound, Fl
Zip / Country 24 33455 / 25 Martin	Zip / Country 29 33455 / 30 Martin

4. FEI Number: 22-2858889 ☐ 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

MERRITT, JOHN C.
7565 JAMAICAN CT.
LOBLOLLY BAY
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

81 Name: Merritt, John C
82 Street Address (P.O. Box Number is Not Acceptable): 6899 SE Golfhouse Drive
83
84 City: Hobe Sound FL 85 Zip Code: 33455

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: John C. Merritt J. C. Merritt Pres 2/28/97
(Signature of new registered agent, if changing) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICER(S) AND DIRECTOR(S)			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE	SAME	☒ Change ☐ Addition
NAME	MERRITT, JOHN C.		1.2 NAME	SAME	
STREET ADDRESS	7565 JAMICAN CT		1.3 STREET ADDRESS	6899 SE Golfhouse Drive	
CITY-ST-ZIP	HOBE SOUND FL		1.4 CITY-ST-ZIP	Hobe Sound, Fl 33455	
TITLE	VS	☐ DELETE	2.1 TITLE	SAME	☒ Change ☐ Addition
NAME	MERRITT, JANET H.		2.2 NAME	SAME	
STREET ADDRESS	7565 JAMICAN CT		2.3 STREET ADDRESS	6899 SE Golfhouse Drive	
CITY-ST-ZIP	HOBE SOUND FL		2.4 CITY-ST-ZIP	Hobe Sound, Fl 33455	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: John C Merritt J. C. Merritt 2/28/97 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone ▶

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