

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

FILED  
Mar 26 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P92000007833 (6)

1. Corporation Name

JMJ INVESTORS, INC.



Principal Place of Business

Mailing Address

303 COUNTRY CLUB DRIVE  
SHALIMAR FL 32578

P O BOX 1229  
SANTA ROSA BEACH FL 32459-1229  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 892 HIGHWAY 98 E

2a. Mailing Address  
26 POST OFFICE BOX 1610

22 Suite, Apt. #, etc.  
#107

27 Suite, Apt. #, etc.

23 City & State  
DESTIN FL

28 City & State  
SANTA ROSA BEACH FL

24 Zip  
32541

25 Country  
USA

29 Zip  
32459

30 Country  
USA

3. Date Incorporated or Qualified

11/30/1992

4. FEI Number

59-3157291

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, J.M.  
303 COUNTRY CLUB ROAD  
SHALIMAR FL FL325-70

81 Name  
J M JONES

82 Street Address (P.O. Box Number is Not Acceptable)

892 HIGHWAY 98 E

83 #107

84 City

DESTIN

FL

85 Zip

32541

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.

J M JONES, PRESIDENT

3/17/98

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME JONES, J M  
STREET ADDRESS 201 HIGHLAND AVENUE  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459 ☐ DELETE

1.1 TITLE S  
1.2 NAME JUSTIN M JONES ☐ Change ☒ Addition  
1.3 STREET ADDRESS 338 HILLTOP DRIVE  
1.4 CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE S  
NAME JONES, SANDRA R  
STREET ADDRESS 201 HIGHLAND AVENUE  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459 ☒ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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.

J M JONES, PRESIDENT 3/17/98 850-851-5485

SIGNATURE

CR2E034 (10/97)