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Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000019601 (2)

1. Corporation Name

J. B. MAHONEY, INC.

Principal Place of Business

~~456 RIVER OAKS CIRCLE~~
~~SANFORD FL 32771~~

Mailing Address

~~456 RIVER OAKS CIR~~
~~SANFORD FL 32771-8318~~
~~US~~

2. Principal Place of Business

21 897 Tedder Rd. SE

2a. Mailing Address

26 897 Tedder Road SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 Palm Bay FL

City & State

28 Palm Bay FL

Zip

24 32909

Country

25 USA

Zip

29 32909

Country

30 USA

9. Name and Address of Current Registered Agent

MAHONEY, JANE B

~~456 RIVER OAKS CIRCLE~~
~~SANFORD FL 32771~~

81 Name

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

897 Tedder Road SE

83

84 City

Palm Bay

FL

85 Zip Code

32909

3. Date Incorporated or Qualified

03/11/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3168203

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/97

12. OFFICERS AND DIRECTORS

TITLE POTS ☐ DELETE
NAME MAHONEY, JANE B
STREET ADDRESS ~~456 RIVER OAKS CIR~~
CITY - ST - ZIP ~~SANFORD FL~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 897 Tedder Road SE
1.4 CITY - ST - ZIP Palm Bay FL 32909

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

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

 SIGNATURE REQUIRED Mahoney

1/23/97 407676-9167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #