SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortnam ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P93000077606 (0) JDM MANAGEMENT AND FINANCIAL ADVISORY SERVICES. INC. Principal Place of Business Mailing Address 12630 LILLIAN HIGHWAY 12630 LILLIAN HIGHWAY PENSACOLA FL 32506 PENSACOLA FL 32506 3a. Date of Last Report 3. Date Incorporated or Qualified 10/27/1993 06/12/1995 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number SAUFLEY PENSE RD Not Applicable 59-3209011 6151 SAUFLLY PENES RA 6151 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing FL FL Added to Fees PENSALOLA PENSACOLA Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Yes X No USA VSA 32526 Florida Statutes 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FLEMING, EDWARD P Street Address (P.O. Box Number is Not Acceptable) 82 4300 BAYOU BLVD. STES. 12 & 13 83 PENSACOLA FL 32503-1009 Zip Code 85 City Pursuant to the provisions of Sections 607.050? 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. Thereby accept the appointment as registered
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE OAl: (NOTE Required Agent signature required when reinstaling) Signature, typical or protectional color of the puter of a gent and other happing able ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIRECTORS 13. 12 Change Adoition DELETE 1.1 TUTLE TILLE CR2E034 1.2 NAME MCNEESE, S. DALE NAME 12630 LILLIAN HIGHWAY 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - 718 PENSACOLA FL CITY - ST-ZIP Change Addition DELETE 2.1 THE TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADORESS 2 4 CITY - \$1 - 71P CITY-ST-ZiP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 4.1 DILE TITLE 4 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 C(1) Y - \$1 Z(P) CITY-ST-ZIP Change Addition DELETE 5.1 TELE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP Change \_\_\_\_ Addition DELETE 61 TITLE TITLE NAME 63 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST - ZIP CHTY-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). Flor da Statutis 1 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

SIGNATURE:

that my name appears in Block

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Block 13 if changed or on an attachment with an address

S. DALL MONEESE