

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
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000077606 (0)

1. Corporation Name

JDM MANAGEMENT AND FINANCIAL ADVISORY SERVICES,
INC.



Principal Place of Business

Mailing Address

12630 LILLIAN HIGHWAY
PENSACOLA FL 32506

12630 LILLIAN HIGHWAY
PENSACOLA FL 32506

2. Principal Place of Business

2a. Mailing Address

21 6151 SAUFLEY PENES RD.

26 6151 SAUFLEY PENES RD

22 Suite, Apt #, etc

27 Suite, Apt #, etc

23 City & State

PENSACOLA FL

28 City & State

PENSACOLA FL

24 Zip

32526

25 Country

USA

29 Zip

32526

30 Country

USA

3. Date Incorporated or Qualified

10/27/1993

3a. Date of Last Report

06/12/1995

4. FEI Number

59-3209011

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

FLEMING, EDWARD P
4300 BAYOU BLVD.
STES. 12 & 13
PENSACOLA FL 32503-1009

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 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 the person appointing and appointee (if applicable)

(NOTE: Registered Agent signature required when reappointing)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME MCNEESE, S. DALE
STREET ADDRESS 12630 LILLIAN HIGHWAY
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. DALE MCNEESE

6/15/96

904-453-8498

CR2E034 (3/96)