

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90121 025 \*\*\*150.00

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1. Corporation Name

JDM MANAGEMENT AND FINANCIAL ADVISORY SERVICES,  
INC.

Principal Place of Business

6151 SAUFLEY PINES RD  
PENSACOLA FL 32526  
US

Mailing Address

6151 SAUFLEY PINES RD  
PENSACOLA FL 32526  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1993

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 57 South 68th Ave  
Suite, Apt. #, etc.

22

23 Pensacola FL  
City & State

24 32506 25 USA  
Zip Country

2a. Mailing Address

26 57 South 68th Ave  
Suite, Apt. #, etc.

27

28 Pensacola FL  
City & State

29 32506 30 USA  
Zip Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME MCNEESE, S. DALE  
STREET ADDRESS 6151 SAUFLEY PINES RD  
CITY-ST-ZIP PENSACOLA FL 32526

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME McNeese, S. Dale  
1.3 STREET ADDRESS 57 South 68th Ave  
1.4 CITY-ST-ZIP Pensacola FL 32506

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

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

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

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

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99

Date

850-453-8498

Daytime Phone #

CR2E034 (11/98)