

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 8/9/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000007111 (5)

1. Corporation Name

J.C.M. INVESTMENT CORP

Principal Place of Business

P.O. BOX 2393
SARASOTA FL 34230

Mailing Address

P.O. BOX 2393
SARASOTA FL 34230

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/20/1994

3a. Date of Last Report

2. Principal Place of Business

21 4116 Bee Ridge Rd

2a. Mailing Address

25 P.O. Box 2393

1. FEI Number

65-0580542

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Suite, Apt. #, etc.

22 City & State

23 SARASOTA FL 34230

Suite, Apt. #, etc.

27 City & State

28 SARASOTA FL

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

24 34230

25 SARASOTA

Zip

Country

29 34230

30 SARASOTA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARTINEZ, JOE C

3900 S. LOCKWOOD RD. 3900 S. LOCKWOOD RD

SUITE 42

SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name

WILLIAM E. CONNORS

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

WILLIAM E. CONNORS

83 3201 N. 6TH AVE

84 City

HOLMES BEACH

FL

85 Zip Code

34217

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

William E. Connors

(NOTE: Registered Agent Signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MARTINEZ, JOE C
STREET ADDRESS 3900 S. LOCKWOOD RIDGE, SUITE 42 3900
CITY - ST - ZIP SARASOTA FL 34230

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V.P.
1.2 NAME FRANK G. BREUER
1.3 STREET ADDRESS 308-60TH ST.
1.4 CITY - ST - ZIP HOLMES BEACH FL 34217

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE T.S.
2.2 NAME WILLIAM E. CONNORS
2.3 STREET ADDRESS 3201 N. 6TH AVE
2.4 CITY - ST - ZIP HOLMES BEACH FL 34217

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE PRES.
3.2 NAME JOE C. MARTINEZ
3.3 STREET ADDRESS 3900 S. LOCKWOOD RIDGE, SUITE 42
3.4 CITY - ST - ZIP SARASOTA, FL 34230

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - 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 110.07(3)(b), 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:

William E. Connors

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30 813-778-2454

DATE

13-Form 1 (Rev. 4)

CR2E034 (3/95)