DEILE NOW: FILING FEE AFTER MAY 1 IS \$550.00



CC PATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			May 06 1997 8:00am Secretary of State			
DOCUMENT # P940001 1480 JMB PROPERTIES, INC.										
Rt#1 Box 269 P.O.Box 1865 Wauchula, F1 33873 Wauchula, F1 33873										
Proc par Place of Business 2a. Mailing Address							3. Date Incorporated or Qualified 2-10-94 4. FEI Number	3a. Date of Last 1996		
21		0.00	26	ailing Address			65 0471511			
Suite. Apt. #. etc. Suite, Apt. #. etc. 27							5. Certificate of Status Desired	\$8.75	Additional Required	
City & Starc		· · · · · · · · · · · · · · · · · · ·	L, c	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
7/p	Country			Zip Country		ntry	8. This corporation has liability for i	ation has liability for intangible tax under s. 199.032.		
24	9 Name	and Address of Cu	29 Irrent Register	ed Agent	30	······································	Florida Statutes 10. Name and Address of New Re			
						B1 Name				
John W. Puffer, III 101 E. Kennedy Blvd						82 Street Ado	Street Address (P.O. Box Number is Not Acceptable)			
	ampa,					83				
							/14			
						B4 City		FL 85 Zip	Code	
11. Pursuant to	the provis	ions of Sections 607	0502 and 607. State of Florida.	1508, Florida Statut Such change was	es, the ab	ove-named cor	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing	its registered s registered	
agent Fam	i landar w	th, and accept the c	ibligations of, S	ection 607.0505, Fk	orida Stat	utes				
SIGNATURE 5	dgicif ire tyasi	to promore ame of registers			E: Registered	Agent signature requ		OATE		
12.			AND DIRECTO	DIRECTORS DELFTE		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO		
NAME			L. Stallings,		1.1 TITLE 1.2 NAME			E Charge	4 (9)	
STHEFT ADDRESS				nnedy Blvd 33602		REET ADDRESS			8	
D(1Y - \$1 - 76°		Tampa, Fl				TY-ST-ZIP				
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STREET ADDRESS CITY STEAT						REET ADDRESS TY-ST-ZIP			ļ	
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DIEV ST ZIP				DELETE	5.4 CF 6.1 TH	IY-ST- <i>I</i> IP		☐ Change	Addition	
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SCHEEL YOURS				6351	61 TITLE 62 NAME 63 SIREET ADDRESS 64 CITY-ST-ZIP 61 TITLE 10002177451 -05/13/9701108031 ***165.00					
014 51 7			salind sate of	filling done and a 1		ry-ST-ZIP			ul the	
information Familian off	i indicated ficer or dire	on this annual repor	t or supplemen on or the receiv	tal annua! report is f er or trustee empoy	true and a vered to e	ccurate and that	ed in Section 119.07(3)(i), Florida Statuter at my signature shall have the same lega ort as required by Chapter 607, Florida S	effect as if made u	nder oath; that	
SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF BIOMIND OFFICER ON DIRECTOR 4-29-97 QUI-7739469 Doub Doylors Proces										