

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 12 PM 9: 55

DOCUMENT # P94000018687 (1)

1. Corporation Name

J & M DEVELOPMENT, INC.

Principal Place of Business

**714-B BOB SIKES BOULEVARD
FORT WALTON BEACH FL 32547**

Mailing Address

**714-B BOB SIKES BOULEVARD
FORT WALTON BEACH FL 32547**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/07/1994

3a. Date of Last Report

4. FEI Number

59-3227856

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**7. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes☒ Yes☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**FLEISCHMAN, MICHAEL D
1519 EAST PONDEROSA ROAD
FORT WALTON BEACH FL 32547**

10. Name and Address of New Registered Agent

81

Name

Jimmy H. Henderson II

82

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

714 B Bob Sikes Blvd.

83

84

City

Ft. Walton Beach

FL

85

Zip Code

32547

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Jimmy H. Henderson II 03/22/95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

**HENDERSON, JIMMY II
714-B BOB SIKES BOULEVARD
FORT WALTON BEACH FL 32547**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ST

**FLEISCHMAN, MICHAEL D
1519 EAST PONDEROSA ROAD
FORT WALTON BEACH FL 32547**

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

☐ Change☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☒ Change☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

ST

**James H. Henderson I
714 B Bob Sikes Blvd.
Fort Walton Beach, FL 32547**

3.1 TITLE

☐ Change☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change☐ Addition

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 119.07(3)(k), 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 amendments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jimmy H. Henderson II 3/22/95 904-864-5426