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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Feb 18 1997 8:00am

Secretary of State

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Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P94000018687 (1)

J & M DEVELOPMENT, INC. Principal Place of Business Mailing Address 714-B BOB SIKES BOULEVARD PO BOX 125 FORT WALTON BEACH FL 32549-0125 FORT WALTON BEACH FL 32547 3a. Date of Last Report Date Incorporated or Qualified 03/07/1994 03/06/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3227856 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 8. This corporation has liability for intangible tax under s. 199.032, Country Country $Z_{1}p$ Florida Statutes Yes No 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HENDERSON, JIMMY II 714 B BOB SIKES BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) FORT WALTON BEACH FL 32547 8.3 84 City 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, typiid or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-ristating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ☐ Addilion ___ DELETE 1:1806 TITLE HENDERSON, JIMMY II NAME 1.2 NAME 714-B BOB SIKES BOULEVARD STHEET ADDRESS 1.3 STREET ADDRESS FORT WALTON BEACH FL 32547 CITY - ST - ZIP 14 CITY - ST - ZIP Change Addition DELETE 2.1 TITLE TITLE HENDERSON, JAMES H. I 22 NAME NAME 714 B BOB SIKES BLVD. 2.3 STREET ADDRESS STREET ADDRESS FORT WALTON BEACH FL 2 4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE 4, 2 NAME 4.3 SIREET ADDRESS STREET ADDRESS 4.4 CITY - S1 - ZIP CITY-ST-ZIP Channe noitibba DELETE 5.1 TITLE TABLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change ☐ Addition 6.1 TITL€ TILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY - ST - ZIP 14. I do pareby 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 line annual report or supplemental a mual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I aman 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