## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1996

DOCUMENT # P94000034605 (3)
1. Correction Name

J & G MANAGEMENT ASSOCIATES, INC.						
Principal Place of Business Mailing Address						
1801 E LAKE RD #17H 1801 E LAKE RD PALM HARBOR FL 34685 PALM HARBOR F						
					<ol> <li>Date Incorporated or Qualified 05/04/1994</li> </ol>	3a. Date of Last Report 03/03/1995
	Place of Business	2a. Mailing Address		4. FEi Number	Applied For	
21   		26		59-3243057	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State		6. Election Campaign Financing	Fee Required	
		28		Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zφ	Country	Zip	Count	ry	8. This corporation has liability for	
4	25 25	29	30		Florida Statutes 🔲 Yes	s □No
······································	9. Name and Address of Curr	rent Hegistered Agent		1 Name	10. Name and Address of New I	Registered Agent
TERMIN	II INGEDII A		°	1		
TERMINI, JOSEPH A 1801 E LAKE RD ≠17H			8	2 Street Add	dress (P.O. Box Number is Not Acceptal	ble)
PALM HARBOR FL 34685			8	3		
			8	4 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the above	named corpo	oration submits this statement for the pu ard of directors. I hereby accept the app	roose of changing its registered office
familiar w	ith, and accept the obligations of, Se	orida. Such change was authori oction 607.0505, Florida Statute	ized by the cor :s.	poration's boa	ard of directors. I hereby accept the app	xxintment as registered agent. I am
SIGNATURE						
	Syrumus type 1 or princed rank of regularist ag	•	OTE Registered Ag	ent signature require		DATE
12. III.E	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
NAME	DP TERMINI, JOSEPH A	☐ DELETE	1. 1 TITLE			☐ Change ☐ Addition
STREET ADDRESS	1801 E LAKE RD #17H		1.2 NAME			
CHY-ST ZIP	PALM HARBOR FL 34685		ľ	I ADDRESS		
MILE	DV DV	X DELETE	1.4 C(TY- 2 1 T(TLE			
NAME:	HOULIS, MARY J	<b>A</b> Detter	2 2 NAME			☐ Change ☐ Addition
STREET ADDRESS	1490 CASCADE CT			1 ADDRESS		
SIY-SI-ZP	DUNEDIN FL 34698		24 CITY -			
TILE	DS	DELETE	3 1 THILE			Change 1 Addition
ian's	TERMINI, DEBRA A	•	3.2 NAME			El estat de El votilitati
STREET ADDRESS	1801 E LAKE RD #17H		3 3 STREE	ET ADDRESS		
11 Y - ST ZIP	PALM HARBOR FL 34685		3.4 CITY -	\$1 - 7IP		
:TEE	DT	<b>X</b> DELETE	4. 1 TITLE			Change Addition
AM:	HOULIS, GEORGE	•	4 2 NAME		7000017	43407
STREET ADDRESS	1490 CASCADE CT DUNEDIN FL 34698		43 STREE	T ADDRESS	700001743407 -03/14/9601077014	
DITY-ST.ZIE TILE			4.4 CrTY -	ST-ZIP	***200.00	
IME IAME		DELETE	5 1 TITLE			☐ Change ☐ Addition
PREZ LADDRESS			5 2 NAME			
HY-\$1-7#				RESPRECA T		
IILE		DELETE	6 1 TITLE	SI - ZiP		☐ Chart. □ 1.12
AME		LJ ordere	6 2 NAME			☐ Change ☐ Addition
THEFT ADDRESS			1	F ADDRESS		
14-81- <i>26</i>			64 City -	ST. 7IP		
4. I do hereb	y certify that the information supplied	with this filing is voluntarily furn	ished and doe	s not qualify fo	or the exemption stated in Section 119.	07(3)(k). Florida Statutes, Hurther

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND SPEE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

196 (813) 789-5527