

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 30, 1999 8:00 am  
Secretary of State

06-30-1999 90005 018 \*\*\*550.00

DOCUMENT # P94000039143

1. Corporation Name  
JEMMCO ENTERPRISES, INC.

Principal Place of Business  
~~16391 STONEHAVEN ROAD~~  
~~MIAMI LAKES FL 33014~~

Mailing Address  
~~16391 STONEHAVEN ROAD~~  
~~MIAMI LAKES FL 33014~~

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

05/20/1994

4. FEI Number  
65-0537914

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

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1915 Brickell Ave

26 1915 Brickell Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 C-801

27 C-801

City & State

City & State

23 Miami FL

28 Miami FL

Zip Country

Zip Country

24 33129

29 33129

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORD, EUGENE JR

~~16391 STONEHAVEN RD~~  
~~MIAMI LAKES FL 33014~~

81 Name

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

8161 Shady Grove Rd

83

84 City Jacksonville

FL

85 Zip Code 32256

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME ~~FORD, EUGENE JR~~  
STREET ADDRESS ~~16391 STONEHAVEN RD~~  
CITY-ST-ZIP ~~MIAMI LAKES FL 33014~~

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Ford, Eugene Jr.  
1.3 STREET ADDRESS 8161 Shady Grove Rd  
1.4 CITY-ST-ZIP Jacksonville FL 32256

TITLE ☐ DELETE

NAME HOLLOWAY, MARVIN  
STREET ADDRESS 1915 BRICKELL AVE C-801  
CITY-ST-ZIP MIAMI FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby 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 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 of 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Eugene Ford Jr 6/22/99 (904) 646-5166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)