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FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000059534 (5)

1. Corporation Name

JMJ/HARBOR LIGHTS, INC.

Principal Place of Business

Mailing Address

303 COUNTRY CLUB ROAD
SHALIMAR FL 32579

P.O. BOX 1229
SANTA ROSA BEACH FL 32459

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1994

4. FEI Number

59-3265830

Applied For

Not Applicable

6. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

8. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

692 HIGHWAY 98 E

Suite, Apt. #, etc.

#107

City & State

DESTIN FL

Zip

32541

Country

USA

2a. Mailing Address

POST OFFICE BOX 1610

Suite, Apt. #, etc.

City & State

SANTA ROSA BEACH FL

Zip

32459

Country

USA

9. Name and Address of Current Registered Agent

JONES, J.M.
303 COUNTRY CLUB ROAD
SHALIMAR FL 32579

10. Name and Address of New Registered Agent

81 Name

J M JONES

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

692 HIGHWAY 98 E

83 #107

84 DESTIN

FL

85 Zip

32541

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.

J M JONES, PRESIDENT

3/17/98

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

TITLE ☐ DELETE

NAME PD
JONES, J M
STREET ADDRESS 201 HIGHLAND AVENUE
CITY-ST-ZIP SANTA ROSA FL 32459

TITLE ☒ DELETE

NAME S
JONES, SANDRA R
STREET ADDRESS 201 HIGHLAND AVENUE
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME S
JUSTIN M JONES
STREET ADDRESS 336 HILLTOP DRIVE
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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 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 an address.

SIGNATURE

J M JONES, PRESIDENT 3/17/98 850-654-5495

CR2E034 (10/97)