

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

**FILED**  
**Mar 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000059540 (2)**

1. Corporation Name  
**JMJ/PRINCESS, INC.**



Principal Place of Business <b>303 COUNTRY CLUB DRIVE                  SHALIMAR FL 32579</b>	Mailing Address <b>P.O. BOX 1229                  SANTA ROSA BEACH FL 32459</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>892 HIGHWAY 98 E</b>	2a. Mailing Address <b>POST OFFICE BOX 1610</b>	3. Date Incorporated or Qualified <b>08/12/1994</b>
21. Suite, Apt. #, etc. <b>#107</b>	26. Suite, Apt. #, etc.	4. FEI Number <b>59-3265828</b>
22. City & State <b>DESTIN FL</b>	27. City & State <b>SANTA ROSA BEACH FL</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23. Zip <b>32541</b>	28. Zip <b>32459</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24. Country <b>USA</b>	29. Country <b>USA</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>JONES, J.M.                  303 COUNTRY CLUB ROAD                  SHALIMAR FL 32579</b>	10. Name and Address of New Registered Agent <table border="1"> <tr> <td>81. Name  <b>J M JONES</b></td> </tr> <tr> <td>82. Street Address (P.O. Box Number is Not Acceptable)  <b>892 HIGHWAY 98 E</b></td> </tr> <tr> <td>83. Suite, Apt. #, etc.  <b>#107</b></td> </tr> <tr> <td>84. City &amp; State  <b>DESTIN FL</b></td> </tr> <tr> <td>85. Zip  <b>32541</b></td> </tr> </table>	81. Name <b>J M JONES</b>	82. Street Address (P.O. Box Number is Not Acceptable) <b>892 HIGHWAY 98 E</b>	83. Suite, Apt. #, etc. <b>#107</b>	84. City & State <b>DESTIN FL</b>	85. Zip <b>32541</b>
81. Name <b>J M JONES</b>						
82. Street Address (P.O. Box Number is Not Acceptable) <b>892 HIGHWAY 98 E</b>						
83. Suite, Apt. #, etc. <b>#107</b>						
84. City & State <b>DESTIN FL</b>						
85. Zip <b>32541</b>						

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: *J M Jones* **J M JONES, PRESIDENT** DATE: **3/17/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JONES, J M</b>	1.2 NAME	<b>JUSTIN M JONES</b>
STREET ADDRESS	<b>201 HIGHLAND AVENUE</b>	1.3 STREET ADDRESS	<b>336 HILLTOP DRIVE</b>
CITY-ST-ZIP	<b>SANTA ROSA BEACH FL 32459</b>	1.4 CITY-ST-ZIP	<b>SANTA ROSA BEACH FL 32459</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, SANDRA R</b>	2.2 NAME	
STREET ADDRESS	<b>201 HIGHLAND AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA ROSA BEACH FL 32459</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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* **J M JONES, PRESIDENT 3/17/98 850-654-5495**

CR2E034 (10/97)