

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  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90029 005 \*\*\*150.00

DOCUMENT # P94000076905

1. Corporation Name  
JMT, INC.



Principal Place of Business  
650 DOUGLAS AVE., SUITE 1040  
ALTAMONTE SPRINGS FL 32714

Mailing Address  
650 DOUGLAS AVE., SUITE 1040  
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/11/1994

4. FEI Number  
59-3280229

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  
21 223 Altamonte Commerce Blvd.

2a. Mailing Address  
26 223 Altamonte Commerce Blvd.

Suite, Apt. #, etc.  
22 Suite 1310

Suite, Apt. #, etc.  
27 Suite 1310

City & State  
23 Altamonte Springs, FL

City & State  
28 Altamonte Springs, FL

Zip  
24 32714

Country  
29 32714

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLOWER, BRUCE W  
511 N. MAITLAND AVE.  
MAITLAND FL 32751

81 Name

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

83

84 City

FL

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, 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 DP  
NAME VANDER BOEGH, ALAN  
STREET ADDRESS 650 DOUGLAS AVE., SUITE 1040  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

1.1 TITLE DP ☒ Change ☐ Addition  
1.2 NAME Vander Boegh, Alan  
1.3 STREET ADDRESS 223 Altamonte Commerce Blvd #1310  
1.4 CITY-ST-ZIP Altamonte Springs, FL 32714

TITLE D  
NAME VANDER BOEGH, LARRY  
STREET ADDRESS 650 DOUGLAS AVE., SUITE 1040  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME Vander Boegh, Larry  
2.3 STREET ADDRESS 223 Altamonte Commerce Blvd #1310  
2.4 CITY-ST-ZIP Altamonte Springs, FL 32714

TITLE D  
NAME JONES, WILLIAM  
STREET ADDRESS 650 DOUGLAS AVE., SUITE 1040  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

3.1 TITLE D ☒ Change ☐ Addition  
3.2 NAME Jones, William  
3.3 STREET ADDRESS 223 Altamonte Commerce Blvd #1310  
3.4 CITY-ST-ZIP Altamonte Springs, FL 32714

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
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 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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

4-13-99

407-774-2226

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