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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 12 1997 8:00am

Secretary of State

904-824-1988

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000027851 (1)

J. M. G., INC.

Principal Place of Business

SIGNATURE:

ST. AUGUSTINE FL 32084			ST. AUGUSTINE FL 32084						:	
							3. Date Incorporated or Qualified 04/03/1995	3a. Date of Le	•	
2. Principal I	Piace of Business		2a. Mai	2a. Mailing Address			4. FEI Number		Applied For	
21			26				59-3303335		Not Applicable	
Suite, Apt	#, etc		Suit	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & Sta	ite		City	City & State			6. Election Campaign Financing	\$5.	00 May Be	
23		***** III	28				Trust Fund Contribution Added to Fees			
Zip		Country	Zip	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,			
24	25						Florida Statutes Yes No			
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent  B1 Name				
	nson, John M				B	Name				
311 PONCE DE LEON BLVD.					8:	82 Street Address (P.O. Box Number is Not Acceptable)				
ST. AUGUSTINE FL 32084										
					8	3			İ	
					84	City		85	Zip Code	
						],		FL  °°	L.P 0000	
<b>11.</b> Pursuant office or agent 1	t to the provisions registered agent, am familiar with, a	of Sections 607.050 or both, in the State and accept the oblig	02 and 607.1 e of Florida. S ations of, Se	508, Florida Statutes Such change was au ction 607.0505, Flori	s, the abor thorized b ida Statute	ve-named co by the corpor es.	propriation submits this statement for the particular acceptation's board of directors. I hereby acceptations	urpose of changi t the appointmen	ng its registered It as registered	
SIGNATURE										
	Signature, type for po	nled name of regeneral ag				gent signature rec	uired when reinstating)	DATE		
12.		OFFICERS AN	ID DIRECTOR		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PTD			DELETE	1.1 TITLE			☐ Cha	nge 🔲 Addition	
NAME	GANSON, JO				1.2 NAME	•				
STREET ADDRESS					1.3 STAE	T ADDRESS				
CHY+ST-ZIP	ST. AUGUST		1.4 CITY-ST-ZIP				,			
TITLE	VSD			☐ DELETE	2.1 TITLE	· ·		☐ Cha	nge 🔲 Addition	
NAME	GANSON, JE			22 NAME						
STREE! ACCURESS	415 BOATING	3 CLUB RD.		2.3 STA						
City S* 7iP	ST. AUGUST	INE FL 32095			2 4 CITY	- \$1 - ZIP			,	
TITLE				DELETE	3.1 TITLE			☐ Cha	nge 🔲 Addition	
NAME					3.2 NAME					
STREET ADDRESS					3.3 STREE	T ADDRESS				
CIT+S*+7IP					3.4. CITY	-ST-ZIP				
TI*LE				DELETE	4.1 TITLE			Cha	nge 🔲 Addition	
NAME					4. 2 NAM	E				
STREET ADDRESS					4.3 STREE	T ADDRESS				
CHY+ST+ZIP					4.4 CITY	ST-ZIP			1	
THTLE	Ţ			DELETE	5.1 TETLE			☐ Cha	nge 🔲 Addition	
NAME					5.2 NAME				}	
STREET ADERESS					5.3 STREE	T ADDRESS			ŀ	
CITY ST-ZIP					5.4 CITY					
TITLE				DELETE	6.1 TITLE			☐ Cha	nge Addition	
NAME					6.2 NAME				_	
STREET ADDRESS						T ADDRESS	•		!	
CITY-ST ZIP					6.4 CITY -				Ī	
	.ieby certify that the	information supplie	d with this file	ing does not qualify			ed 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 il changed, or on an attaching with an address.