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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000027851 (1)

J. M. G., INC.

Mailing Address

FILED May 06 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address				
	DE LEON BLVD.	311 PONCE DE LEON BLVD. ST. AUGUSTINE FL 32084				
ST. AUGUSTII	NE FL 32084				DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					04/03/1995	
9 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
			3551		59-3303335	Not Applicable
Suite, Apt.	PONCA DE LEON BLUP	Suite, Apt. #, etc.			\$8.75 Additional	
	#, G (0)	27			5. Certificate of Status Desired	Fee Required
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be
		28 St, Ausus	THE RL		Trust Fund Contribution	Added to Fees
Zip	USUSTING FL. Country	Zin 🗸	Country	<u> </u>	8. This corporation owes or has paid the o	
24 3 208		320PS	30 US/	9	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Current		- 		10. Name and Address of New Registere	d Agent
GA	NSON, JOHN M		81	Name		
311 PONCE DE LEON BLVD.				82 Street Address (P.O. Box Number is Not Acceptable)		
ST. AUGUSTINE FL 32084				Street Ago	aress (r.O. DOX INUMBER IS NOT Acceptable)	
31.	ANDOVINE I C DEGGT		83			
			84	City	F	85 Zip Code
#4 Purculant	to the provisions of Sections 607 0500	2 and 607 1508. Florida Stat	utes the abovi	e-named cor	rogation submite this statement for the purpose	of changing its registered
office or r	polistered agent or both in the State.	of Florida. Such change was	s authorized by	the corpora	ation's board of directors. I hereby accept the a	ppointment as registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, i	Fiorida Statute	5.		
SIGNATURE	Signature, typed or proted name of registered ages	d mai taland conductable (Ni	DIE Projectored Age	int eigesture rodu	urod when reinstating) DATE	
12.	OFFICERS AND		13.	an algebraic requ	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PTD	DELETE	1.1 TITLE			Change Addition
NAME	GANSON, JOHN M		1.2 NAME			
STREET ADDRESS	415 BOATING CLUB RD.		1.3 STREET	ADDRESS		
	ST. AUGUSTINE FL 32095		1.4 CITY-5			
CITY-ST-ZIP TITLE	VSD	DELETE	2.1 TITLE	,, ,,		Change Addition
NAME	GANSON, JEAN M		2.2 NAME			
STREET ADDRESS	415 BOATING CLUB RD.		2.3 STREET	ANNBECC		
	ST. AUGUSTINE FL 32095		2. 4 CITY - ST - ZIP			
CITY-ST-ZIP	01. A00001#1E 1 E 02000	DELETE	3.1 TITLE	21.7IL		Change Addition
TITLE			3.2 NAME			,
NAME ATMENT ADDRESS			3.3 STRFET	ADDRESS		
STREET ADDRESS						
CITY-ST-ZIP		DELETE	3.4. CITY - 4.1 TITLE	51- ZIP		Change Addition
TITLE		_ Distric				
NAME			4. 2 NAME	2020000		
STREET ADDRESS			1	ADDRESS		
CITY-ST-ZIP		T DELETE	4.4 CITY-5	SI-ZIP		Change Addition
TITLE		☐] DELETE	51 TITLE			
NAME			5.2 NAME			
STREET ADDRESS				I ADDRESS		
CITY-ST-ZIP		T NE EVE	5.4 CITY - 5	ST - ZIP		☐ Change ☐ Addition
TITLE		L DELETE	6.1 TITLE			☐ Purends ☐ Moralise
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	T ADDRESS		
CITY-ST-ZIP			6.4 CITY - S	ST-ZIP	Cooling 110 07/2V(i) Florido Clotutos I further	

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 trusted 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.

904-804-1900