FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **FILED** FLORIDA DEPARTMENT OF STATE Mar 04 1996 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1996 DIVISION OF CORPORATIONS P95000029994 (7) DOCUMENT # J & M UNLIMITED, INC. Principal Place of Business Mailing Address 208 NE 3RD ST 208 NE 3RD ST OKEECHOBEE FL 34972 OKEECHOBEE FL 34972 3. Date Incorporated or Qualified 3a. Date of Last Report 04/12/1995 4. FEI Number 2. Principal Place of Business 2s. Mailing Address Applied For 59-331824 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5,00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zio Zip 8. This corporation has liability for Intangible tax under a 199.032, Florida Statutes ☐ Yes ☐ No 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TENNISWOOD. JAMES R DDS OKEECHOBEE FL 34972 IP.O. Box Number is Not Acceptable) City 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 off familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and trielf applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1. 1 TITLE TENNISWOOD, JAMES R DDS NAME Change Addition 1.2 NAME STREET ADDRESS 208 NE 3RD ST 1.3 STREET ADDRESS **OKEECHOBEE FL 34972** CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE TENNISWOOD, MARK J DDS NAME ☐ Change ☐ Addition 2.2 NAME STREET ADDRESS 208 NE 3RD ST 2.3 STREET ADDRESS **OKEECHOBEE FL 34972** CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3. 1 TITLE ☐ Change Addition 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE ☐ Addition ***200.00 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-21P 4.4 CITY - ST - ZIP TITLE DELETE 5. 1 TITLE NAME Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is volunterily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 appears in Block 12 or Block 13 if changed. (r on a) attachment with an address. HOMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

22-96 941-713-0236

CR2E034 (12/95)

Addition