

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
Feb 02, 1999 8:00am
Secretary of State

02-02-1999 90006 050 ***150.00

DOCUMENT # P95000029994

1. Corporation Name
J & M UNLIMITED, INC.

Principal Place of Business
208 NE 3RD ST
OKEECHOBEE FL 34972

Mailing Address
208 NE 3RD ST
OKEECHOBEE FL 34972

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/12/1995

4. FEI Number
59-3318245

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

TENNISWOOD, JAMES R DDS
208 NE 3RD ST
OKEECHOBEE FL 34972

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TENNISWOOD, JAMES R DDS
208 NE 3RD ST
OKEECHOBEE FL 34972

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TENNISWOOD, MARK J DDS
208 NE 3RD ST
OKEECHOBEE FL 34972

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TENNISWOOD, JAMES R DDS
208 NE 3RD ST
OKEECHOBEE FL 34972

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TENNISWOOD, JAMES R DDS
208 NE 3RD ST
OKEECHOBEE FL 34972

TITLE
NAME
STREET ADDRESS
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D
TENNISWOOD, JAMES R DDS
208 NE 3RD ST
OKEECHOBEE FL 34972

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TENNISWOOD, JAMES R DDS
208 NE 3RD ST
OKEECHOBEE FL 34972

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE
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 REQUIRED

10 Jan 79

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