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PROFIT CORPORATION . ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P95000029994

J & M UNLIMITÉD, INC.

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90006 050 ***150.00



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	_ <u>:</u>	Mailing Address					
incipal Place of E	Business	209 NE 3RD ST		l I	·	WITHE SPACE	
OS NE 3RD ST		OKEECHOBEE FL 34972			DO NOT WRITE IN THIS SPACE		
EECHOBEE FL 34	4972	•			3. Date incorporated or Qualifed		
					04/12/1995	Appli	ed For
					4. FEI Number		Applicable
. Principal Place	of Business	2a. Mailing Address			59-3318245	\$8.75 Ad	
1		Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Req	
Suite, Apt. #, e	etc.	├ ¬		_			
Suite, Apr. #, otto		27 City & State			6. Election Campaign Financing Added to Fees		
City & State		City & State		Trust Fund Contribution			
3		28	Country		8. This corporation owes the curre	Yes [□No
Zip	Country	Zip 3	<u>,</u>		Personal Property Tax. 10. Name and Address of New R	egistered Agent	
-	25	(29)	T		10. Name and Address of New K	<u> </u>	
4)	9. Name and Address of Current	Registered Agent	81	Name			
	THE P DR	to a second	82	Street Addr	ress (P.O. Box Number is Not Accepta	ible)	
TENNI	SWOOD, JAMES R DDS		82	Stiest root			12 12 13
208 NE 3RD ST			83				1,119.17.
OKEE	CHOBEE FL 34972		<u> </u>	<u> </u>		FL 85 Zip C	Code
			84	City		of changing its	registered
	•		the above	e-named con	poration submits this statement for the	of the appointment as re	gistered
11. Pursuant to	o the provisions of Sections 607.050 gistered agent, or both, in the State of familiar with, and accept the obliga-	of Florida. Such change was au ations of, Section 607.0505, Flor	thorized by ida Statutes	the corporat			
agein	ann of registered age	ent and title if applicable. (NOTE:	Registered Age	the corporation.	poration submits this statement for the ion's board of directors. I hereby acce	FFICERS AND DIRECTO	DRS IN 12
SIGNATURE	ann of registered age	ent and title if applicable. (NOTE:	Registered Age	ent signature requi	red when reinstating) ADDITIONS/CHANGES TO OI	DATE FFICERS AND DIRECTO	DRS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS A	ent and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE	ent signature requi	red when reinstating) ADDITIONS/CHANGES TO OI	FFICERS AND DIRECTO	DRS IN 12
SIGNATURE 3	Signature, typed or printed name of registered age OFFICERS A	ent and title if applicable. (NOTE: ND DIRECTORS DELETE	13. 1.1 TITLE	ent signature requir	red when reinstating) ADDITIONS/CHANGES TO OI	FFICERS AND DIRECTO	DRS IN 12
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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 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.