

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

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000043376

1. Corporation Name  
JCM CONSULTING, INC.

Principal Place of Business  
3105 ERIE RD  
PALMETTO FL 34221-8877  
US

Mailing Address  
3105 ERIE RD  
PALMETTO FL 34221-8877  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 200 HORN RD Suite, Apt. #, etc. 22 VENUS, FL 33960 City & State 23 HIGHLANDS Zip Country 24 33960 25 HIGHLANDS		2a. Mailing Address 26 200 HORN RD Suite, Apt. #, etc. 27 VENUS FL City & State 28 33960 29 HIGHLANDS Zip Country 30 33960 31 HIGHLANDS		3. Date Incorporated or Qualified 06/01/1995	
4. FEI Number 65-0613433		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MCCALL, MIKE  
3105 ERIE RD  
PALMETTO FL 34221

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALL, MIKE	1.2 NAME	
STREET ADDRESS	3105 ERIE RD	1.3 STREET ADDRESS	200 HORN RD
CITY-ST-ZIP	PALMETTO FL	1.4 CITY-ST-ZIP	VENUS, FL 33960
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDITH I. MCCALL	2.2 NAME	
STREET ADDRESS	3105 ERIE RD.	2.3 STREET ADDRESS	200 HORN RD
CITY-ST-ZIP	PALMETTO FL	2.4 CITY-ST-ZIP	VENUS FL 33960
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Judy McCall JUDY M'CALL

1-12-99

9416992854

Date

Daytime Phone #

CR2E034 (11/98)

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