

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000055348 (3)

1. Corporation Name

J.P. MANAGEMENT GROUP, INC.



Principal Place of Business

3009 S.E. OVERBROOK DRIVE
PORT ST. LUCIE FL 34952

Mailing Address

3009 S.E. OVERBROOK DRIVE
PORT ST. LUCIE FL 34952

3. Date Incorporated or Qualified
07/18/1995

3a. Date of Last Report
7-18-95

2. Principal Place of Business

2a. Mailing Address

21 3009 S.E. OVERBROOK DR

26 3009 S.E. OVERBROOK DR

4. FEI Number

59-3321431

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23 City & State

PORT ST. LUCIE FL

28 City & State

PORT ST. LUCIE FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

34952

25 Country

ST. LUCIE

29 Zip

34952

30 Country

ST. LUCIE

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, PATRICIA
3009 S.E. OVERBROOK DRIVE
PORT ST. LUCIE FL 34952

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, if it is not applicable.

(Typed or Printed Name of Registered Agent, if it is not applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BROWN, PATRICIA
STREET ADDRESS 3009 S.E. OVERBROOK DRIVE
CITY-ST-ZIP PORT ST. LUCIE FL 34952

☐ DELETE

TITLE
NAME
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14. I do hereby certify that the information supplied with this filing is voluntarily 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 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-95

407-335-4918

CR2E034 (12/95)