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FILED

Mar 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000057453 (9)

1. Corporation Name
JBM GP, INC.



Principal Place of Business

700 BLOUNT BUILDING
3 WEST GARDEN STREET
PENSACOLA FL 32501

Mailing Address

700 BLOUNT BUILDING
3 WEST GARDEN STREET
PENSACOLA FL 32501-5641

2. Principal Place of Business

21 113 BAYBRIDGE DR
State, Apt. #, etc.

22 City & State
23 GULF BREEZE, FL

24 Zip 32561 Country USA

2a. Mailing Address

26 113 BAYBRIDGE DR
State, Apt. #, etc.

27 City & State
28 GULF BREEZE, FL

29 Zip 32561 Country USA

3. Date Incorporated or Qualified

07/25/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

APPLIED FOR 59-3395098

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

CAMPBELL, JAMES S ESQ
700 BLOUNT BUILDING
3 WEST GARDEN STREET
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE PD
1.2 NAME MACQUEEN, JULIAN B
1.3 STREET ADDRESS 700 BLOUNT BUILDING
1.4 CITY - ST - ZIP PENSACOLA FL 32501
2.1 TITLE D
2.2 NAME RENKE, ROBERT
2.3 STREET ADDRESS 700 BLOUNT BUILDING
2.4 CITY - ST - ZIP PENSACOLA FL 32501
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 provided with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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 or changed to an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Month Year

0484395

CR2E034 (9/96)