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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF 0 DOCUMENT # P95000057453 (9)

FILED
Apr 30 1998 8:00am
Secretary of State

JBM G	P, INC.				
Principal Plac	e of Business	Mailing Address			II BUILL LEBIX BISSO BUIDS IILO ISCI
113 BAYBRIDGE DR.		113 BAYBRIDGE DR.			
3 WEST GARDEN STREET GULG BREEZE FL 32561		3 WEST GARDEN STREET GULF BREEZE FL 32561		DO NOT WRITE IN T	HIS SPACE
US	2 72 3333	US		3. Date Incorporated or Qualified	
				07/25/1995	
· ·	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite Ant	# 210	26 Sudo Apt # olo		59-3395893	Not Applicable
Suite, Apt	w, etc.	Surte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ζ φ	Country	8. This corporation owes or has paid the	
24	9, Name and Address of Current		30	Personal Property Tax due June 30. 10. Name and Address of New Registe	Yes No
CA	MPBELL, JAMES S ESO	r vaditionan Manir	81 Name	10. Name and Address of New Registe	ied Ageitt
700 BLOUNT BUILDING					
	VEST GARDEN STREET		82 Street A	Address (P.O. Box Number is Not Acceptable)	
	NSACOLA FL 32501		83		
			84 City		85 Zip Code
					F L
11. Pursuant	to the provisions of Sections 607 0503	and 607 1508, Florida Statute	s, the above-named	corporation submits this statement for the purpoporation's board of directors. I hereby accept the	se of changing its registered
agent. La	im familiar with, and accept the obliga	tions of Section 607.0505, Flo	rida Statutes.	oration's board of directors. Thereby accept the	appointment as registered
SIGNATURE					
12.	Signature, typied or persons made of registered egen OFFICERS AND		Registered Agent signature 13.	required when reinstating) OA ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	DELETE	1.1 TITLE	7.5571676367744626 16 67.16276	Change Addition
NAME	MACQUEEN, JULIAN B	_	1.2 NAME		
STREET ADDRESS	700 BLOUNT BUILDING		13 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32501		1.4 CITY - ST - ZIP		
TITLE	D	DELETE	21 TITLE	····	☐ Change ☐ Addition
NAME	RENKE, ROBERT		2.2 NAME		
STREET ADDRESS	700 BLOUNT BUILDING PENSACOLA FL 32501		2 3 STREET ADDRESS		
CHY-ST-ZIP	PENSACOLA PE 32901	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
TITLE NAME			3 2 NAME		C. Guarde C. Vocit(O)
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4 1 TOFLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZiP		· · · · · · · · · · · · · · · · · · ·	4.4 CHTY-ST-ZIP		
TITLE		DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 61 TITLE		Change Addition
NAME		_ peren	6.2 NAME		Change Addition
STREET ADDRESS			6.3 STREET ADDRESS		1
CITY-ST-ZIP			6.4 City-St-Zip		
	partiful that the information supplied with	the this literation not availy for		d in Section 119 07(3\(i)) Florida Statutes I furthe	or cartify that the information

14. I horeby certify that the information supplied with this tung 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 suppliemental artiful report of 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 this proving or trusted impowered 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 an address.

SIGNATURE:

424/98 85

850 934 3 609