

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000065567 (6)

1. Corporation Name

J M & COMPANY, INC.



Principal Place of Business

6713 WHITEWAY DRIVE  
TEMPLE TERRACE FL 33617

Mailing Address

6713 WHITEWAY DRIVE  
TEMPLE TERRACE FL 33617

3. Date Incorporated or Qualified

08/24/1995

3a. Date of Last Report

4. FEI Number

59-3331261

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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 the person who is the registered agent.

Signature, typed or printed name of the person who is the registered agent.

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
OWEN, JOHN C  
% 6713 WHITEWAY DRIVE  
TEMPLE TERRACE FL 33617 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
OWEN, MAYRA  
% 6713 WHITEWAY DRIVE  
TEMPLE TERRACE FL 33617 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
OWEN, BETTY P  
% 6713 WHITEWAY DRIVE  
TEMPLE TERRACE FL 33617 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP ☐ Change ☐ Addition

2. 1. TITLE  
2. 2. NAME  
3. 3. STREET ADDRESS  
4. 4. CITY - ST - ZIP ☐ Change ☐ Addition

3. 1. TITLE  
3. 2. NAME  
3. 3. STREET ADDRESS  
3. 4. CITY - ST - ZIP ☐ Change ☐ Addition

4. 1. TITLE  
4. 2. NAME  
4. 3. STREET ADDRESS  
4. 4. CITY - ST - ZIP ☐ Change ☐ Addition

5. 1. TITLE  
5. 2. NAME  
5. 3. STREET ADDRESS  
5. 4. CITY - ST - ZIP ☐ Change ☐ Addition

6. 1. TITLE  
6. 2. NAME  
6. 3. STREET ADDRESS  
6. 4. CITY - ST - ZIP ☐ Change ☐ Addition

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 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John C. Owen  
JOHN C. OWEN

4/25/96

813/987-2145

CR2E034 (12/95)