SECOND AMOUNT DUE	NOTICE: CORPORATION WILL BE ON OR BEFORE 8/7/96: \$225 (IF DISSO	DISSOLVED ON OR AFTER A	AUGUST 7,	, 1996. ATE: \$375.)		,	
PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					
DOCUMENT # P95000069744 (7)							
J & M (OIL, INC.				 Indiana at	ANN BANK BINIA NANN NAAN ANAN ANAN ARA	
Principal Place of Business Mailing Address					- 1 1301/401 110 10701 07111 13 476 00 711 1		
1023 SUEMAR DRIVE 1023 SUEMAR DRIVE DUNEDIN FL 34698 DUNEDIN FL 34698							
					3. Date Incorporated or Qualified 09/11/1995	3a. Date of Last Report	
2. Principal Pl	ace of Business	2a. Mailing Address 26			4. FEI Number 33376/4	Applied For Not Applicable	
Suite, Apt. :	#, etc	Suite, Apt. #, etc.	Surte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip 24	······································		Country 30	,	This corporation has liability for Florida Statutes	intang-ble tax under s 199.032, Yes No	
DO	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent	
BOUTZOUKAS, MICHAEL E 704 WEST BAY STREET			82	Street Addre	dress (P.O. Box Number is Not Acceptable)		
TAMPA FL 33606			83				
				City		FL 85 Zip Code	
11. Pursuant t	to the provisions of Sections 607,0502 egistered agent, both, whe State of	and 607, 1508, Florida Statutes of Florida Such ghange was au	s, the above thorized by	named corpor the corporation	ration submits this statement for the possible acceptors. Thereby accept	urpose of changing its registered at the appointment as registered	
agent Lar SIGNATURE	in familial with, find accept the deligat	Subulo -	ua Statules			10/7/96	
12.	Sign #4#6 Greet Gran continue of nugstered agen OFFICERS AND		Finge-len d Age 13.	nt signature required	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
TITLE	D	DELETE	I THILE			Change Addition C	
NAME STREET ADDRESS			12 NAME 13 STREET	ADDRESS			
CITY-ST-ZIP	DIMEDIA DI GARA		14 CITY - S				
TITLE NAME	D	DELETE	2.1 Tifle			Change Addition	
STREET ADDRESS			2.2 NAME 2.3 STREET	ADORESS			
CITY - ST - ZIP	CLEARWATER FL 34625		2 4 CITY - S				
TITLE NAME			3 1 TITLE			Change Addition	
STREET ADDRESS			3 2 NAME 3 3 STREFT	ADDRESS			
CITY-ST-ZIP			34 CITY-S				
TITLE			4 1 1111 E			Change Addition	
STREET ADDRESS			4 2 NAME 43 STREET	AODRESS			
CITY-ST-ZIP			4.4 CITY - SI				
TITLE	DELETE STITUE				Change Addition		
NAME STREET ADDRESS			5.2 NAME 5.3 STREET	Annerss			
CITY-ST-ZIP			5.4 CiTY - ST				
TITLE	DELETE 61TITLE				Change Addition		
NAME STREET ADDRESS			6.2 NAME 6.3 STREET	Annaecc			
CITY-ST-ZIP			64CITY-ST	T-ZIP			
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 early, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.							
SIGNATURE: 6-10-96 (81)-146-7207							