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

Mailing Address

PALM CITY FL 34990

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 20 1997 8:00am

Secretary of State

3a. Date of Last Report

561-286-8153

3. Date incorporated or Qualified

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

3048 S.W. MARTIN DOWNS VILLAGE CENTER

1997

Principal Priore of Business

PALM CITY FL 34990

SIGNATURE

DOCUMENT # P95000078940 (0)

J + L BLOOMER, INCORPORATED

3048 S.W. MARTIN DOWNS VILLAGE CENTER

10/11/1995 05/01/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 65-0611864 Not Applicable 21 Suite, Apl. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution Added to Fees 23 28 Country This corporation has liability for intangible tax under s. 199 032, Yes 🗌 No 24 29 30 Florida Statutes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BLOOMER, JAMES M 5091 S.W. BIMINI CIRCLE Street Address (P.O. Box Number is Not Acceptable) R2 PALM CITY FL 34990 83 84 City 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 affice or registered agent, or both, in the State of Florida State changing its registered agent, or both, in the purpose or changing its registered agent are familiar with ano accept the obligations of Section 607.0505. Florida Statutes. SIGNATURE Support on Type I or product a policiol register of agent and the dring pleable (NOTE: Registered Agent signature required when re-estating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DOLETE __ Change Addition 1.1 TILLE 1011 9 **BLOOMER, JAMES** N1599 1.2 NAME **CR2E034** 5091 SW BIMINI CIR. 1.3 STREET ADDRESS STREET ADDRESS PALM CITY FL 34990 14 CITY - ST - ZIP City 51, 201 Addition DELETE 21 DILE ☐ Change 111:1 **BLOOMER, LORI** 2.2 NAME 1,484 5091 SW BIMINI CIR. 2.3 STREET ACIDRESS STREET AND HELL PALM CITY FL 34990 2. 4 CITY-ST-ZIP DELETE Change Addition 1:115 3.1 TITLE Nati 3.2 NAME STREET ADJRESS 3.3 STREET ADDRESS 3.4 CHY-S1-7IP din et ar DELETE Change Addition 4 1 THILE TOTAL 4 2 NAME NOME STREE ACCREGO 4.3 STREET ADDRESS 4.4 City - ST-ZIP Clr S Zw DELETE Change Addition 5171118 THE NAM 5.2 NAME 5.3 STREET ADDRESS SPREED ADDRESS 54 CITY - \$1 - ZIP 0.05 - \$1.70 DELETE Change Ado tion 10,1 61 THLE 6.2 NAME DAME 6.3 STREET ADDRESS Shift Allows 6.4 CITY-51-ZIP 14. I do hencely certry that the information supplied with this filing does not qualify for the exemption stated in Soction 119.07(3)(i), Florida Statutes. I further certify that the information in tradition 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 this corporation or the receiver or indice ompowered to execute this report as required by Chapter 607, Florida Statutes; and that my name