

PAY NOW: FILING FEE AFTER MAY 1 IS \$500.00

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
May 20 1997 8:00am
Secretary of State

DOCUMENT # P9600000 2496 (3)

Corporation Name

J & M LIMOUSINES, INC.



2. Principal Place of Business		26. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21. SPRING HILL, FL.		25. 10498-SPRING HILL DRIVE		4. FEI Number 59-3352952		Applied For ☐ Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
City & State SPRING HILL, FL. 34608		City & State SPRING HILL, FL. 34608		6. Election Campaign Financing		\$5.00 State Fee	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
1. Robert J. SCARANTINO 2512- GLENRIDGE DR. SPRING HILL, FL. 34609		11. Name 12. Street Address (P.O. Box Number is Not Acceptable) 13. 14. City 15. State 16. Zip Code	

I, 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]* DATE **5-15-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Robert J. SCARANTINO	1.2 NAME	
STREET ADDRESS	2512- GLENRIDGE DR.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	SPRING HILL, FL. 34609	1.4 CITY-STATE-ZIP	
TITLE	VICE PRESIDENT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JOSEPH LANZILOTTI	2.2 NAME	
STREET ADDRESS	10244- HOOVER ST.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	SPRING HILL, FL. 34608	2.4 CITY-STATE-ZIP	
TITLE	SECRETARY ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	NANCY LANZILOTTI	3.2 NAME	
STREET ADDRESS	10244- HOOVER ST.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	SPRING HILL, FL. 34608	3.4 CITY-STATE-ZIP	
TITLE	FLORENCE SCARANTINO ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	TREASURER	4.2 NAME	
STREET ADDRESS	2512- GLENRIDGE DR.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	SPRING HILL, FL. 34609	4.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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*****165.00**

I do hereby certify that the information supplied with this filing 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 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 on an attachment with an address.

SIGNATURE: *[Signature]* **FLORENCE SCARANTINO** **TREASURER** **5-15-97 (352)688-2999**

CR2104 (9/96)