

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000005293 (1)

1. Corporation Name  
JMB OF ST. AUGUSTINE, INC.

Principal Place of Business

3981 VAIL PT TERRACE  
ST AUGUSTINE FL 32086

Mailing Address

3981 VAIL PT TERRACE  
ST AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/16/1996  
3a. Date of Last Report

4. FEI Number 59-3355885  
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business  
21 614 EUCLID AVE.  
Suite, Apt. #, etc.  
22  
City & State  
23 ST. AUGUSTINE, FL  
Zip  
24 32095  
Country  
25 ST. JOHNS  
26 3981 VAIL PT. TERR.  
Suite, Apt. #, etc.  
27  
City & State  
28 ST. AUGUSTINE, FL  
Zip  
29 32086  
Country  
30 ST. JOHNS

9. Name and Address of Current Registered Agent

PELLICER, CHARLES E  
28 CORDOVA ST  
ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-----------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PD                    | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BAILEY, JUDITH M      | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 3981 VAIL PT TERRACE  | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | ST AUGUSTINE FL 32086 | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                       | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                       | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                       | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                       | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                       | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                       | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                       | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                       | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                       | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                       | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                       | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                       | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      |                       | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                       | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                       | 6.4 CITY-ST-ZIP                                       |                                                                   |

14. 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: Judith M Bailey (Typed) 8/13/97 (904) 829-3794

CR2E034 (4/97)