


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

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90013 026 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P96000028539 | | | |
| 1. Corporation Name JMM MARKETING CO. | | | |
| Principal Place of Business CROSS, R SCOTT 108 N MAGNOLIA AVE. SUITE 101 OCALA FL 34475 US | | Mailing Address 5671 SW 35 LANE OCALA FL 34474 US | |
| 2. Principal Place of Business 21 9200 S US Hwy 441 Suite, Apt. #, etc. 22 City & State 23 Ocala FL Zip 24 34480 | | 2a. Mailing Address 26 9200 S US Hwy 441 Suite, Apt. #, etc. 27 City & State 28 Ocala FL Zip 29 34480 | |
| Country 25 USA | | Country 30 USA | |
| 9. Name and Address of Current Registered Agent SCOTT ARNOLD H 334 EAST DUVAL STREET JACKSONVILLE FL 32202 | | | |
| 10. Name and Address of New Registered Agent 81 Name R. Scott Cross 82 Street Address (P.O. Box Number is Not Acceptable) 108 N Magnolia Avenue 83 Suite 101 84 City Ocala FL 85 Zip Code 34475 | | | |
| 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 <i>R. Scott Cross</i> DATE 3/16/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | |
| DP RAMBO, MAUREEN 5671 SW 35 LN OCALA FL | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | |
| DVP RAMBO, JASON 5671 SW 35 LN OCALA FL | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | |
| DS RAMBO, MICHELE 5671 SW 35 LN OCALA FL | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | |
| DT RAMBO, WAYNE 5671 SW 35TH LANE OCALA FL | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | |
| | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | |
| | | | |



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/28/1996

4. FEI Number
59-3379300

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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

14. I 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, with all other like empowered.

SIGNATURE: *Maureen Rambo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-99 352-237-2823
Date Daytime Phone #