

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/31

**FILED**  
**Sep 27, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90001 028 \*\*\*150.00

<b>DOCUMENT # P96000048248</b> 1. Entity Name <b>J &amp; M MATERIALS OF RIVERVIEW, INC.</b>					
Principal Place of Business <b>1075 GULF BLVD. ENGLEWOOD, FL 34223</b>			Mailing Address <b>1075 GULF BLVD. ENGLEWOOD, FL 34223</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3387607</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MINGO, SYLVIA 1075 GULF BLVD. ENGLEWOOD, FL 34223</b>				Name  Street Address (P.O. Box Number Is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JERNIGAN, TINA</b>		NAME		
STREET ADDRESS	<b>2704 DORENE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PLANT CITY, FL 33566</b>		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MINGO, SYLVIA</b>		NAME		
STREET ADDRESS	<b>1075 GULF BLVD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ENGLEWOOD, FL 34223</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Sylvia Mingo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>8/24/04</b>		
			Daytime Phone # _____		



*Margaretta*  
Attachment

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

66434123

September 2, 2004

J & M MATERIALS OF RIVERVIEW, INC.  
1075 GULF BLVD.  
ENGLEWOOD, FL 34223

Subject: J & M MATERIALS OF RIVERVIEW, INC.

Reference Number: P96000048248

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,  
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF  
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-  
1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RG  
ANNUAL REPORTS SECTION

Attachment

66434123

# P96000048248

Florida Dept of State

The Corp. did not  
receive prior not-  
ification & we feel  
as though we do  
not owe the extra  
\$400.00.

Pres  
Sylvia Mingo

9/21/64