

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90048 040 ***150.00

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1. Entity Name
J & M MATERIALS OF RIVERVIEW, INC.



Principal Place of Business
**1075 GULF BLVD.
ENGLEWOOD, FL 34223**

Mailing Address
**1075 GULF BLVD.
ENGLEWOOD, FL 34223**

40002361



01132005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3387607

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MINGO, SYLVIA
1075 GULF BLVD.
ENGLEWOOD, FL 34223**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
6339 C MUCK POND RD
City **SEFFNER** FL **33584**

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 *Sylvia Mingo* 1/12/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME JERNIGAN, TINA
STREET ADDRESS 2704 DORENE DRIVE
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE P ☐ Delete
NAME MINGO, SYLVIA
STREET ADDRESS 1075 GULF BLVD.
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☒ Change ☐ Addition
NAME TINA JERNIGAN
STREET ADDRESS 6339 A MUCK POND RD
CITY-ST-ZIP SEFFNER, FL 33584-2434

TITLE PRES ☒ Change ☐ Addition
NAME SYLVIA MINGO
STREET ADDRESS 6339C MUCK POND RD
CITY-ST-ZIP SEFFNER, FL 33584-2484

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Sylvia Mingo* 1/12/05-813-833-6584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #