

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

FILED
Mar 19 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 # P96000092578 (9)

1. Corporation Name
JMS HOLDINGS OF NAPLES, INC.



Principal Place of Business
6901 NORTH AIRPORT ROAD
NAPLES FL 34109

Mailing Address
6901 NORTH AIRPORT ROAD
NAPLES FL 34109-6807

2. Principal Place of Business
21 2010 Orange Blossom Dr
Suite, Apt. #, etc.
22 City & State
23 Naples, FL 34109
Zip
24 34109
Country
25 Collier
26 2010 Orange Blossom Dr
Suite, Apt. #, etc.
27 City & State
28 Naples, FL 34109
Zip
29 34109
Country
30 Collier

3. Date Incorporated or Qualified
11/12/1996
3a. Date of Last Report
N/A
4. FEI Number
65-0727176
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 has liability for intangible tax under s. 199.032,
Florida Statutes
☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON, KENNETH R
4001 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 33940

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

(If printed name of Agent or Agents of the corporation)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
1.5
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
P
1.2 NAME
JoAnn M. Smallwood
1.3 STREET ADDRESS
340 Pirates Bight
1.4 CITY-ST-ZIP
Naples, FL 34103
Change ☐ Addition ☒
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Change ☐ Addition ☐
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Change ☐ Addition ☐
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Change ☐ Addition ☐
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Change ☐ Addition ☐
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change ☐ Addition ☐

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:

JoAnn M. Smallwood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0414478

CR2E034 (9/96)