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

Mailing Address 8806 ST. ANDREWS

DESTIN FL 32541

2a. Mailing Address

Suite, Apt. #, etc.

City & State

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PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

8806 ST. ANDREWS

DESTIN FL 32541

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J. MILLS REALTY GROUP, INC.



DOCUMENT # P96000098251

Country

9. Name and Address of Current Registered Agent

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FLORIDA DEPARTMENT OF STATE .

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90152 001 ***150.00



Applied For

\$8.75 Additional

Fee Required

\$5:00 May Be

Added to Fees

Yes

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

12/05/1996 4. FEI Number

59-3416530

UNDERWOOD, SALLY				<u> </u>
8806 ST. ANDREWS			Street	Address (P.O. Box Number is Not Acceptable)
DESTIN FL 32541				
		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.		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	UNDERWOOD, JASON	1.2 NAME		
STREET ADDRESS	8806 ST. ANDREWS	1.3 STREET ADI		,
CITY-ST-ZIP	DESTIN FL 32541	1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET	ADDRESS	
CITY-ST-ZIP		2. 4 CITY- S	T- ZIP	
TITLE	☐ DELETE	3.1 TTTLE:		☐ Change ☐ Addition
NAME	-	3.2 NAME -		
STREET ADDRESS		3.3 STREET	ADDRESS	·
CITY-ST-ZIP		3.4. CITY-S	T-ZIP	
mu:	☐ DELETE	4.1 TTLE		☐ Change ☐ Addition
NAME	1	4.2 NAME		
STREET ADDRESS		4.3 STREET	ADDRESS	
CITY-ST-ZIP		4.4 CITY-S	Γ- ZIP	
TITLE	•	5.1 TTLE		Change Addition
NAME		5.2 NAME		
STREET ADORESS		5.3 STREET	ADDRESS	
CITY-ST-ZIP		5.4 CITY-S	r-zip	
TITLE	C DECETO	6.1 TTTLE		☐ Change ☐ Addition
NAME	i	6.2 NAME		,
STREET ADDRESS		6.3 STREET	ADDRESS	
CITY-ST-ZIP		6.4 CITY-S		
14 I hereby o	actify that the information supplied with this filing does not qualify for the	evemnt	on state	d in Section 119.07(3)(i), Florida Statutes, I further certify that the information

Country

81 Name

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I nereby certify that the information supplied with this timing does not quality for the exemption stated in Section 19.07(5)(f), it while state the state legal effect as if made under oath; that I am an officer or director of the corperation 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: