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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90037 012 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000099853

1. Corporation Name
TJBM, INC.



Principal Place of Business
132 SPRING VALLEY LOOP
ALTAMONTE SPRINGS FL 32714

Mailing Address
132 SPRING VALLEY LOOP
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/06/1996

4. FEI Number
59-3420115

Applied For
Not Applicable

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

2. Principal Place of Business
21 Helen K McKenna
Suite, Apt. #, etc.
22 2930 E Floral way
City & State
23 APOPKA, FL
Zip Country
24 32703 25 USA

2a. Mailing Address
26 Helen K McKenna
Suite, Apt. #, etc.
27 2930 E Floral way
City & State
28 APOPKA FL
Zip Country
29 32703 30 USA

9. Name and Address of Current Registered Agent

MEEK, WILLIAM H
132 SPRING VALLEY LOOP
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name
Helen K McKenna
82 Street Address (P.O. Box Number is Not Acceptable)
2930 E Floral way
83
84 City APOPKA FL 85 Zip Code 32703

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 Helen K McKenna
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME MEEK, WILLIAM H
STREET ADDRESS 132 SPRING VALLEY LOOP
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714
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
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME Helen K McKenna
1.3 STREET ADDRESS 2930 E Floral way
1.4 CITY-ST-ZIP APOPKA FL 32703
2.1 TITLE
2.2 NAME Edward M McKenna
2.3 STREET ADDRESS 2930 E Floral way
2.4 CITY-ST-ZIP APOPKA FL 32703
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

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: H. OSIGNATURE REMOVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99 4077747612
Date Daytime Phone #

CR2E034 (11/98)