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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700005234

1. Corporation Name

JPM, INC.

May 06, 1999 8:00 am Secretary of State

05-06-1999 90135 026 ***158.75



Principal Place of Business Mailing Address						- + 10811001 10011 10011 0011	fil au lli bolil u			
294 JAMES STREET POST OFFICE BOX 90328 CRESTVIEW FL 32536 HOUSTON TX 77290						DO NOT WRI	TE IN THIS	CDACE		
	-					3. Date Incorporated or Qualifed	IE (N ITIS	SFACE		
						01/17/1997				l
2. Principal Place of Business 2a. Mailing Addre			ess			4. FEI Number			Appi	ied For
21	26					59-3424537			Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	¬ ' ' ' '			5. Certificate of Status Desired		-	75 Ad e Req	lditional uired
City & State	28					Election Campaign Financing Trust Fund Contribution				
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curr	ent year Inti			
24	25 29 30					Personal Property Tax.		Yes		<u>H40</u>
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New F	tegistered .	Agent		
AMERILAWYER CHARTERED				"	Maille					
343 ALMERIA AVENUE CORAL GABLES FL 33134				82	Street Addre	dress (P.O. Box Number is Not Acceptable)		-		
				83						
				84	City			85	Zip Co	ode
					•		<u>FL</u>			
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	uthorized	l by '	the corporation	ration.submits this statement.for.the i's board of directors. I hereby accep	purpose of of the appoi	changin ntment a	gutsure Is regi	egistered stered
SIGNATURE							DATE			
12.	Signature, typed or printed name of registered ager	D DIRECTORS	13.	Agen	t signature required	ADDITIONS/CHANGES TO OF		D DIRE	CTOR	S IN 12
TITLE			1.1 TITLE		ADDITIONO/OF WILLOWS TO S.		Cha		Addition	
NAME .	MCGEE, JERRY P		1.2 N	ME						}
STREET ADDRESS	294 JAMES STREET		1.3 \$1	REET	ADDRESS					
CITY-ST-ZIP	CRESTVIEW FL 32536		1.4 CITY-ST-Z		r-ZIP					
TITLE			2.1 TI	ΠE				Cha	nge	Addition
NAME			2.2 N	AME.						
STREET ADDRESS			2.3 ST	REET	ADDRESS					
CITY-ST-ZIP			2.4 C	ITY-5	T-ZIP					
TITLE		DELETE	3.1 TI	TLE				☐ Cha	nge	☐ Addition
NAME			3.2 N	WE.						}
STREET ADDRESS			3.3 \$7	REET	ADDRESS					1
CITY-ST-ZIP			3.4. C		T-ZIP					
TITLE		☐ DELETE	4.1 TI					Cha	nge	Addition
NAME			4. 2 N	AME						\
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		[] DELETE	_	TY-SI	r-ZIP			Cha		Addition
TITLE _		[] DETE15	5.1 T/ 5.2 N/					□ cua	ige	
NAME	,				ADDRESS					
STREET ADDRESS				TY-ST						1
CITY-ST-ZIP		DELETE	6.1 TI		- EIF			☐ Chai	nge	Addition
TITLE		□ Derei€	6.2 N						-5-	
NAME					ADDRESS					}
STREET ADDRESS			E	TY-SI						
CITY-ST-ZIP			0.4 C	11-91	-ar					

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 suppliemental 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: