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Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90033 011 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P97000023618

1. Corporation Name  
J.E.M. OF N. FLA., INC.

Principal Place of Business

2730 U.S. 1 SOUTH  
SUITE 0  
ST. AUGUSTINE FL 32086

Mailing Address

2730 U.S. 1 SOUTH  
SUITE 0  
ST. AUGUSTINE FL 32086



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 922 Santa Maria Blvd  
Suite, Apt. #, etc.

22 City & State  
St. Augustine FL

23 Zip  
32086

24 Country

2a. Mailing Address

26 922 Santa Maria Blvd  
Suite, Apt. #, etc.

27 City & State  
St. Augustine FL

28 Zip  
32086

29 Country

3. Date Incorporated or Qualified

03/13/1997

4. FEI Number

59-3432793

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

MCDONALD, JOHN E JR  
2730 U.S. 1 SOUTH  
SUITE 0  
ST. AUGUSTINE FL 32086

address change!  
1/18/99

10. Name and Address of New Registered Agent

81 Name

McDonald, John E. JR.

82 Street Address (P.O. Box Number is Not Acceptable)

922 Santa Maria Blvd.

83

84 City

St. Augustine

FL

85 Zip Code

32086

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. OFFICERS AND DIRECTORS

TITLE PTD  
NAME MCDONALD, JOHN E  
STREET ADDRESS 2730 U.S. 1 SOUTH STE 0  
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE VSD  
NAME MCDONALD, LISA R  
STREET ADDRESS 2730 U.S. 1 SOUTH STE 0  
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE PTD  
1.2 NAME McDonald, John E  
1.3 STREET ADDRESS 922 Santa Maria Blvd  
1.4 CITY-ST-ZIP St Augustine FL 32086 ☐ Change ☐ Addition

2.1 TITLE VSD  
2.2 NAME McDonald, Lisa R  
2.3 STREET ADDRESS 922 Santa Maria Blvd  
2.4 CITY-ST-ZIP St. Augustine FL 32086 ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-99 904-794-0111

CR2L 34 (11/98)