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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000088909

1. Corporation Name

JMB OF NORTHWEST FLORIDA, INC.

					_			
Principal Place of Business Mailing Address								189
1795 F.I.M. BLVD. FT. WALTON BEACH FL 32547 1795 F.I.M. BLVD. FT. WALTON BEACH FL 32547 FT. WALTON BEACH FL 32547			,		DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualifed 10/14/1997		
2. Principal	Place of Business	2a. Mailing Addr	2a. Mailing Address			4. FEI Number		Applied For
21	<u> </u>	26				59-3475951		Not Applicable
Suite, Ap	ot. #, etc.	Suite, Apt. #	Suite, Apt. #, etc.			5. Certifcate of Status Desired	1 1 7	75 Additional ee Required
City & St	tate	City & State	<u></u>			6. Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip	Zip Country Zip 25 29 30			Country		This corporation owes the currer Personal Property Tax.	nt year Intangible	
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Re	gistered Agent	
Wi	HITFIELD, MICHAEL			81	Name			
1795 F.I.M. BLVD.				82	Street Add	fress (P.O. Box Number is Not Acceptable	le)	• •
FT. WALTON BEACH FL 32547				83				
				84	City		FL 85	Zip Code
office of	r registered agent, or both, in the Sta I am familiar with, and accept the ob-	ate of Florida, Such chan	ge was autho	nzed by	the corporat	poration submits this statement for the pi ion's board of directors. I hereby accept	urpose of changi the appointment	ng its registered as registered
	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Reg	stered Agen	signature requir	ed when reinstating)	DATE	
12.	CITIOEITO AND BILLEOTOTO			13.		ADDITIONS/CHANGES TO OFFI		
TITLE	E D DELETE 1.11			1.1 YITLE			☐ Ch	ange 🔲 Additi

WHITFIELD, JIMMY C L2 NAME 1793 F.I.M. BLVD. 1.3 STREET ADDRESS STREET ADDRESS FT. WALTON BEACH FL 32547 1.4 CITY+ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE WHITFIELD, BRYAN 22 NAME NAME 1795 F.I.M. BLVD. 2.3 STREET ADDRESS STREET ADDRESS FT. WALTON BEACH FL 32547 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE $\pi\pi$ LE WHITFIELD, MICHAEL NAME 3.2 NAME 1795 F.I.M. BLVD. 3.3 STREET ADDRESS STREET ADDRESS FT. WALTON BEACH FL 32547 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 51 TITLE πιε 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY+ST-ZIP 6.1 TILE Addition DELETE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 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,

SIGNATURE:

CR2E034