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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000090025 (2)

JIM & MARY OF FLORIDA, INC.

FILED Apr 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 6118 CHRISTINA DRIVE E 6118 CHRISTINA DRIVE E LAKELAND FL 33813 LAKELAND FL 33813 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/20/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59- 3470231 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Žιρ Country Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. 🔀 Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name GOFF, JAMES 6118 CHRISTINA DRIVE E Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33813 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 tele if applicable (NOTE: Registered Agent's grature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition TITLE 1.1 TITLE NAME GOFF, JAMES 1.2 NAME 6118 CHRISTINA DRIVE E STREET ADDRESS 1.3 STREET ADDRESS LAKELAND FL 33813 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME GOFF, MARY **2.2 NAME** 6118 CHRISTINA DRIVE E STREET ADDRESS 2.3 STREET ADDRESS LAKELAND FL 33813 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITE F 5.5 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Addition 6.1 1111.E Change TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 Hohanged, or on an attachnique with an address.

11 1. cc 10 4-8-98