## 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

## FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90084 006 \*\*\*150.00

## **DOCUMENT # \$24145**

1. Corporation Name

JMT TEC	CHNOLOGIES, INC.								
Principal Place	e of Business	Mailing A	Address	-			-{	II ATOIT DIRLI DIDIL DI	
110 BAILEY DR	o Dusiness	-	STONE CV						
NICEVILLE FL 32578			NICEVILLE FL 32578-9710						
U\$		US					DO NOT WRITE IN TH	IIS SPACE	
							3. Date Incorporated or Qualifed 01/04/1991		
2. Principal Pl	lace of Business	2a. Mailin	ng Address				4. FEI Number	Apr	plied For
21		26					59-3052931	Not	t Applicable
Suite, Apt.	#, etc.	Suite,	, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
22		27	- <del></del> -		± ·	<del></del> .	3. Certificate of Status Desired ,	→ Fee Red	quired
City & State	8	City 8	& State			,	6. Election Campaign Financing	\$5.00	May Be
23		28					Trust Fund Contribution	Added to	
Zip	Country	Zip		Cou	intry		8. This corporation owes the current year	Intangible	
24	25	29		30			Personal Property Tax.	☐ Yes	□No
<del></del> ).	9. Name and Address of Curr	ent Registered	Agent		Γ		10. Name and Address of New Registere	ed Agent	
MOD	ONALD JAMES A	-			81 N	lame			
	ONALD, JAMES A. CRESTONE COVE			•	82 5	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	VILLE FL 32578				83	<del></del>			
					84 0	City	F	85 Zip C	;ode
11. Pursuant	to the provisions of Sections 607.0	502 and 607.150	8, Florida Statı	utes, the a	bove-na	amed corpo	pration submits this statement for the purpose	of changing its	registered
office or n	egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida. Suc	ch change was	authorized	d by the	corporation	n's board of directors. I hereby accept the app	cointment as reg	jistered
SIGNATURE	Signature, typed or printed name of registered a	nent and title if annling	ble (NO1	F: Registered	Anent sa	nature required	when reinstating) DATE	<del></del>	i
12.		AND DIRECTOR		13.	9	,	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	D		☐ DELETE	1.1 111	TLE			[] Change	Addition
NAME .	MCDONALD, JAMES A.			1.2 NA	AME				1
	1695 CRESTONE COVE				TREET ADI	DRESS			
STREET ADDRESS	NICEVILLE FL				TY-ST-ZII	1			
CITY-ST-ZIP	D			1.4 G					
₹TLE	=		[ ] DELETE	24 TE		<del>'                                     </del>		☐ Change	☐ Addition
NAME	MCDONALD, JANICE M.		DELETE	2.1 TI	TLE			☐ Change	☐ Addition
STREET ADDRESS	AAAR AREATANE AAAR		DELETE	2.2 N/	TLE AME			☐ Change	Addition
	1695 CRESTONE COVE		□ DELETE	2.2 N/	TLE			☐ Change	Addition
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		<u>.</u>	_	2.2 NA 2.3 ST 2.4 C	TLE AME TREET ADA CITY-ST-ZI	ORESS	<u> </u>		-
TITLE		÷.	_	2.2 N/ 2.3 ST 2.4 C 3.1 Tf 3.2 N/	TLE AME TREET ADA CITY-ST-ZI	ORESS			-
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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 supplemental annual report is true and securate 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 active smith all other like empowered.

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