

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 10:07

DOCUMENT # S30120 (7)

1. Corporation Name

J.C.M. OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

12995 S CLEVELAND AVE
UNIT 113
FORT MYERS FL 33907
US

2459 ROUND TABLE COURT
FORT MYERS FL 33912

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/05/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0241874

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 7

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 City & State

29 Fort Myers, Florida

24

25

29

33902-0007

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDONALD, J. CARL JR.
2459 ROUND TABLE COURT
FORT MYERS FL 33912

81 Name

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

12470 King Arthur Ct.

83

84 City

Fort Myers

FL

85 Zip Code

33912

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 constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	MCDONALD, J. CARL JR.
STREET ADDRESS	2459 ROUND TABLE COURT
CITY - ST - ZIP	FORT MYERS FL
TITLE	D
NAME	MCDONALD, J. CARL JR.
STREET ADDRESS	2459 ROUND TABLE COURT
CITY - ST - ZIP	FORT MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	12470 King Arthur Ct.
1.4 CITY - ST - ZIP	Fort Myers, FL 33912
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	12470 King Arthur Ct.
2.4 CITY - ST - ZIP	Fort Myers, FL 33912
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(1)(b), 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 liquidator 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/95

8132780520