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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$43380 1. Corporation Name

J.R.M. BUSINESS SERVICES, INC.

| Principal Place of Business |
|-----------------------------|
| 5155 34TH ST. SOUTH |
| ST. PETERSBURG FL 33711 |

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90097 049 ***150.00



| Principal Place | e of Business | Mailing Address | | | | | | | |
|--------------------------------|--|---|---------------------|------------------|--|-------------------|---------------|-----------------------|------------|
| 5155 34TH ST. ST. PETERSBUR | | P.O. BOX 58076 ST PETERSBURG FL 33715-8076 | | | | DO NOT MIDIT | T IN THIS | CDACE | |
| US | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | Date Incorpora 04/05/1991 | | | | 1 |
| a p.: | Land Bridge | 2a. Mailing Address | | | 4. FEI Number | ' | | Anr | olied For |
| | lace of Business | 26 67.59 29 | + | | 59-305848 | 4 | | <u> </u> | Applicable |
| 21 6/5 | <u>7 ~7 57.5.</u> | | <u> </u> | <u>J.</u> | 33 303040 | ' | | \$8.75 A | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | Certificate of S | tatus Desired | | Fee Red | 7 |
| 22 | | 27 A | | | # | | 9.5 | | |
| City & State | | 28 St. Petersburg, FL | | , | 6. Election Camp | - | | \$5.00 to Added to | |
| 23 St. t | | | Country | | Trust Fund Co | | | | rees |
| Zip | Country | Zip | - · · · | | 8. This corporation | | ent year inta | ingible ∐Yes | No |
| 24 337 | 12 25 USA | 29 37712 30 | NON | | Personal Prop | | ogietored / | | 140 |
| | 9. Name and Address of Current | Registered Agent | 81 Na | amer, | | | | -gent | |
| MELI | LMAN, JANET R | | | ME | LLMAN, | TANET | R | | |
| | 34TH ST SOUTH | | 82 St | reet Addres | s (P.O. Box Numb | er is Not Accepta | ble) | | |
| | ETERSBURG FL 33711 | | | 6759 | 29** 5 | <u>ナ・3.</u> | | | |
| 31 F | ETENSBUNG FE 33/11 | | 83 | | | | | | |
| | • • | | 84 Ci | ity 🥕 / | 01.1 | | | 85 Zip C | ode |
| | • | | | | Petersbu | | <u> </u> | 33 | 7/2 |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes, | the above-na | med corpor | ation submits this s | tatement for the | purpose of | changing its i | registered |
| office or re | egistered agent, or both, in the State of medical familiar with, and accept the obligation | ions of, Section 607.0505, Florida | a Statutes. | | | | t tito appoir | iditetit 65 i 08 | 1.510.00 |
| SIGNATURE | | JAN | 12 + R. 1 | Nellmi | an Preside | en f | | | l |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: Re | gistered Agent sign | ature required w | vhen reinstating) | | DATE | | |
| 12. | OFFICERS AND | DIRECTORS | 13. | | ADDITIONS/CI | IANGES TO OFF | ICERS AN | | |
| TITLE | PST | ☐ DELETE | 1.1 TITLE | | | • | | Change | Addition |
| NAME | MELLMAN, JANET R | | 1.2 NAME | | | | | | 1 |
| STREET ADDRESS | 6959 29TH ST. SO. | | 1.3 STREET ADD | RESS | | | | | |
| CITY-ST-ZIP | ST. PETERSBURG FL | | 1.4 CITY-ST-ZIP | | | | | | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | | | | ☐ Change | ☐ Addition |
| NAME | MELLMAN, JANET, R | • | 2.2 NAME | | | | | | |
| STREET ADDRESS | 6759 29TH ST. SO. | | 2.3 STREET ADD | RESS | | | | | |
| | ST. PETERSBURG FL | | 2. 4 CITY-ST-ZIP | | | | | | |
| CITY-ST-ZIP | The state of the s | DELETE | 3.1 TITLE | · · | | - 1 | · 5- | Change | Addition |
| | | | 3.2 NAME | | | • | | | ł |
| NAME | | | 3.3 STREET ADD | DESS | | | | | ľ |
| STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | <u> </u> | DELETE | 3.4. CITY-ST-ZIP | <u> </u> | · | | | Change | Addition |
| TITLE | | C'I DETELE | | | | | | | |
| NAME | } | | 4. 2 NAME | } | | | | | |
| STREET ADDRESS | | | 4.3 STREET ADD | RESS | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | - | | | | [] (b | Addition |
| TITLE | | ☐ DELETE | 5.1 TITLE | | : | | | Change | L. Addison |
| NAME | | | 5.2 NAME | 1 | | | • | | |
| STREET ADDRESS | | | 5.3 STREET ADD | ł | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | | | | |
| TITLE | • | ☐ DELETE | 6.1 TITLE | | | • | | Change | Addition |
| NAME |] ' | (| 6.2 NAME | | | | | | • |
| STREET ADDRESS | 1 1 | | 6.3 STREET ADD | RESS | | | | | |
| CITY OT 74D | | | 6.4 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 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: