

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

**APPROVED
AND
FILED**

95 MAY -3 AM 4:03

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200001474612
-05/03/95--01181--002
****417.50 ****208.75**

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S63952 (3)
1. Corporation Name
R.E./J.M. BUILDING & INVESTMENT, INC.

Principal Place of Business: **8939 RIVER CROSSING BLVD
NEW PORT RICHEY FL 34656**

Mailing Address: **PO BOX 115
NEW PORT RICHEY FL 34656
US**

2. Principal Place of Business: **21**
Suite, Apt. #, etc. **22**
City & State **23**

2a. Mailing Address: **26**
Suite, Apt. #, etc. **27**
City & State **28**

24 **25** **29** **30**

3. Date Incorporated or Qualified: **07/03/1991**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-3083049**
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

9. Name and Address of Current Registered Agent

**MORRIS, ROBERT E. J.
8939 RIVER CROSSING BLVD., PO-115
NEW PORT RICHEY FL 32654**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 agent 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: _____ (Date) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, ROBERT E.J.	1.2 NAME	
STREET ADDRESS	8765 AIRWAY BOULEVARD	1.3 STREET ADDRESS	
CITY, ST, ZIP	NEW PORT RICHEY FL	1.4 CITY, ST, ZIP	
TITLE	VST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLOCK, JOHANNE M.	2.2 NAME	
STREET ADDRESS	8765 AIRWAY BOULEVARD	2.3 STREET ADDRESS	
CITY, ST, ZIP	NEW PORT RICHEY FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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 119.076(h), 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 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* **04/26/95** **1-714-643 7157**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR