

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S75549** (3)

1. Corporation Name

J & B FACTORS, INC.



Principal Place of Business

**C/O JAMES W. WAKEM
855 COUNTRY CLUB DRIVE
N. PALM BEACH FL 33408**

Mailing Address

**C/O JAMES W. WAKEM
855 COUNTRY CLUB DRIVE
N. PALM BEACH FL 33408**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/12/1991

3a. Date of Last Report
07/18/1995

4. FEI Number

65-0289900

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

**THIBADEAU, PAUL
249 ROYAL PALM WAY
4TH FLOOR
PALM BEACH FL 33480**

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE

P

NAME

WAKEM, JAMES W

STREET ADDRESS

855 COUNTRY CLUB DR

CITY-ST-ZIP

N PALM BEACH FL

TITLE

VPS

NAME

WAKEM, BARBARA M

STREET ADDRESS

855 COUNTRY CLUB DR

CITY-ST-ZIP

N PALM BEACH FL

TITLE

T

NAME

WAKEM, BARBARA M

STREET ADDRESS

855 COUNTRY CLUB DR

CITY-ST-ZIP

N PALM BEACH FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1. 1 TITLE

1. 2 NAME

1. 3 STREET ADDRESS

1. 4 CITY-ST-ZIP

2. 1 TITLE

2. 2 NAME

2. 3 STREET ADDRESS

2. 4 CITY-ST-ZIP

3. 1 TITLE

3. 2 NAME

3. 3 STREET ADDRESS

3. 4 CITY-ST-ZIP

4. 1 TITLE

4. 2 NAME

4. 3 STREET ADDRESS

4. 4 CITY-ST-ZIP

5. 1 TITLE

5. 2 NAME

5. 3 STREET ADDRESS

5. 4 CITY-ST-ZIP

6. 1 TITLE

6. 2 NAME

6. 3 STREET ADDRESS

6. 4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)