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**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 27 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V05167 (4)

1. Corporation Name
J&M ENTERPRISES OF NORTH FLORIDA, INC.

Principal Place of Business Mailing Address
**105 JOY ROAD 105 JOY ROAD
FT WALTON BEACH FL 32547-2011 FT WALTON BEACH FL 32547-2011**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **01/01/1992** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number **59-3101647** 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
**MCMANUS, MARGARET L.
105 JOY RD.
FT. WALTON BEACH FL 32547-2011**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ (NOTE: Registered Agent signature required when transferring) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	MCMANUS, MARGARET L
STREET ADDRESS	105 JOY RD.
CITY - ST - ZIP	FT. WALTON BEACH FL 32547-2011
TITLE	V
NAME	MCMANUS, JOHN
STREET ADDRESS	105 JOY ROAD
CITY - ST - ZIP	FT WALTON BEACH FL 32547-2011
TITLE	T
NAME	HERRICK, ARLO A.
STREET ADDRESS	47 WARWICK DR
CITY - ST - ZIP	SHALIMAR FL 32579
TITLE	S
NAME	HERRICK, KATHERINE S.
STREET ADDRESS	47 WARWICK DR
CITY - ST - ZIP	SHALIMAR FL 32579
TITLE	V
NAME	MCMANUS, SHEAN P.
STREET ADDRESS	2010 PLANTATION KEY CIRCLE, #107
CITY - ST - ZIP	BRANDON FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	4837 14th Avenue East
5.4 CITY - ST - ZIP	Bradenton, FL 34208
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Vice President
6.3 STREET ADDRESS	McManus, Laura H.
6.4 CITY - ST - ZIP	4837 14th Avenue East
	Bradenton, FL 34208

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 110.07(3)(k), 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 907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Margaret L. McManus* **Margaret L. McManus** **President & C.E.O.** 4/23/95 (904) 863-3847
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)