

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 # **V05167 (4)**

1. Corporation Name

J&M ENTERPRISES OF NORTH FLORIDA, INC.



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

3. Date Incorporated or Qualified: 01/01/1992
3a. Date of Last Report: 04/27/1995

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

10. Name and Address of New Registered Agent

**MCMANUS, MARGARET L.
105 JOY RD.
FT. WALTON BEACH FL 32547-2011**

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

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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	MCMANUS, MARGARET L	
STREET ADDRESS	105 JOY RD.	
CITY-ST-ZIP	FT. WALTON BEACH FL 32547-2011	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCMANUS, JOHN	
STREET ADDRESS	105 JOY ROAD	
CITY-ST-ZIP	FT WALTON BEACH FL 32547-2011	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HERRICK, ARLO A.	
STREET ADDRESS	47 WARWICK DR	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HERRICK, KATHERINE S.	
STREET ADDRESS	47 WARWICK DR	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCMANUS, SHEAN P.	
STREET ADDRESS	4837 14TH AVEUNE EAST	
CITY-ST-ZIP	BRANDON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCMANUS, LAURA H	
STREET ADDRESS	4837 14TH AVENUE EAST	
CITY-ST-ZIP	BRADENTON FL	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Margaret P. McManus* Date: *4-26-96* Daytime Phone #: *904-863-3847*

CR2E034 (12/95)