

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 15 Windemere Court, NW	2a. Mailing Address 26 15 Windemere Court, NW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip 32547-1611	28 Zip 32547-1611
Country	Country

3. Date Incorporated or Qualified 01/01/1992		
4. FEI Number 59-3101647	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 15 Windemere Court, NW
83
84 City Ft. Walton Beach, FL
85 Zip 32547-1611

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 checked="" type="checkbox"/> DELETE
NAME	MCMANUS, SHEAN P.	
STREET ADDRESS	4837 14TH AVEUNE EAST	
CITY-ST-ZIP	BRANDON FL	
TITLE	V	<input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	15 Windemere Court, NW
1.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32547-1611
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	15 Windemere Court, NW
2.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32547-1611
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 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.

SIGNATURE *Margaret L. McManus* **Margaret L. McManus** 1/30/98 950-912-2017

CR2E034 (10/97)