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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

J.C.M. SERVICES, INC.

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	FILEC)
Mar 03	1998	8:00am
Secre	etary of	f State

Zip Code

				·····	
Principal Pl	ace of Business	Mailing Address			1 18511 4 1185 BILLE ALLE BELLE SALE 1514 BIBL SIGH BIBL GIGH BIBL GIGH GALL
750 RIDER BOYNTON	ROAD BEACH FL 33435	750 RIDER ROAD BOYNTON BEACH	FL 33435		DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 07/22/1992
2. Principa	Place of Business	2a. Mailing Addres	8		4. FEI Number Applied For
21		26			65-0354061 Not Applicable
Suite, Ap	ot. #, et c.	Suite, Apt. #, et	lc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Si	ate	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Žip ≥4	Country 25	Zip 29	30	itry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registered Agent
	ARST, JAMES H. 50 RIDER ROAD		Į.		Name
	OYNTON BEACH FL 33435			82 St	Street Address (P.O. Box Number is Not Acceptable)

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.

84 City

SIGNATURE	Signature, typied or printed name of registered agent and title if	applicable. (NOTE:	Registered Agent signature t	s required when reinstating) DATE
12,			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DARST, JAMES H		1.2 NAME	
STREET ADDRESS	750 RIDER ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435		1.4 CITY-ST-ZIP	
TITLE	S	DELETE	2.1 TITLE	Change Addition
NAME	DARST, CHARLENE I		2.2 NAME	
STREET ADDRESS	750 RIDER ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33435		2.4 CITY-ST-ZIP	
TALE		DELETE	8.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-2IP	
TITLE		DELETE	. 4.1 TITLE	☐ Change ☐ Addition
NAME	1		4. 2 NAME	·
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE	- -	DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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.

INATURE: