

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90087 026 ***150.00

DOCUMENT # V56703

1. Corporation Name
JSM-MANORS, INC.

Principal Place of Business
4791 STONE RIDGE TRAIL
SARASOTA FL 34232

Mailing Address
4791 STONE RIDGE TRAIL
SARASOTA FL 34232
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1992

4. FEI Number

65-0360307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 5471 Cynthia Lane

Suite, Apt. #, etc.

22

City & State

23 Sarasota, FL

Zip

24 34235

Country

2a. Mailing Address

26 P.O. Box 10232

Suite, Apt. #, etc.

27

City & State

28 Sarasota, FL

Zip

29 34278

Country

30

9. Name and Address of Current Registered Agent

MCNABB, JOHN STEWART
4791 STONE RIDGE TRAIL
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name

David S. McNabb

82 Street Address (P.O. Box Number is Not Acceptable)

5471 Cynthia Lane

83

84 City

Sarasota

FL

85 Zip Code

34235

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

1/22/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
MCNABB, JOHN STEWART
STREET ADDRESS
4791 STONE RIDGE TRAIL
CITY-ST-ZIP
SARASOTA FL

TITLE ☐ DELETE

NAME
MCNABB, JOHN STEWART
STREET ADDRESS
4791 STONE RIDGE TRAIL
CITY-ST-ZIP
SARASOTA 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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
D/P/S/T
David S. McNabb
1.3 STREET ADDRESS
5471 Cynthia Lane
1.4 CITY-ST-ZIP
Sarasota, FL 34235

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
V
John Stewart McNabb
2.3 STREET ADDRESS
4791 Stone Ridge Trail
2.4 CITY-ST-ZIP
Sarasota, FL 34232

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/99

941-379-2946

CR2E034 (11/98)

0472192