

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

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May 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F35605 (7)  
1. Corporation Name  
J & D ENTERPRISES OF SAN CARLOS PARK, INC.



Principal Place of Business Mailing Address  
RT. 30, 18207 IRIS ROAD, S.E.  
FT MYERS FL 33912 RT. 30, 18207 IRIS ROAD, S.E.  
FT MYERS FL 33912-9805

3. Date Incorporated or Qualified 05/20/1981 3a. Date of Last Report 04/30/1996

|                                |                        |  |                                |
|--------------------------------|------------------------|--|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    | 4. FEI Number  | Applied For                    |
| 21 18207 IRIS RD S.E.          | 26 18207 IRIS RD S.E.  | 59-2096417   | Not Applicable                 |
| 22 Suite, Apt. #, etc.         | 27 Suite, Apt. #, etc. | 5. Certificate of Status Desired                       | \$8.75 Additional Fee Required |
| 23 City & State                | 28 City & State        | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees    |
| 24 Zip                         | 25 Country             | 29 Zip   | 30 Country                     |
| 24                             | 25                     | 29   | 30                             |

9. Name and Address of Current Registered Agent

BATCHELOR, DAN  
27365 OLD 41 ROAD  
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                 |
|----------------------------|---|---|-----------------|
| TITLE                      | P WILSON, DONNA P. 18207 IRIS RD SE FT MYERS FL | 1.1 TITLE   | Change Addition |
| NAME                       |   | 1.2 NAME  |                 |
| STREET ADDRESS             |   | 1.3 STREET ADDRESS                                    |                 |
| CITY - ST - ZIP            |   | 1.4 CITY - ST - ZIP                                   |                 |
| TITLE                      | V CHECK, JOSEPH 9200 SEVILLE RD FT MYERS FL     | 2.1 TITLE   | Change Addition |
| NAME                       |   | 2.2 NAME  |                 |
| STREET ADDRESS             |   | 2.3 STREET ADDRESS                                    |                 |
| CITY - ST - ZIP            |   | 2.4 CITY - ST - ZIP                                   |                 |
| TITLE                      | S CHECK, KASSANDRA 1800 MELOW ST FT MYERS FL    | 3.1 TITLE   | Change Addition |
| NAME                       |   | 3.2 NAME  |                 |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |                 |
| CITY - ST - ZIP            |   | 3.4 CITY - ST - ZIP                                   |                 |
| TITLE                      |   | 4.1 TITLE   | Change Addition |
| NAME                       |   | 4.2 NAME  |                 |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |                 |
| CITY - ST - ZIP            |   | 4.4 CITY - ST - ZIP                                   |                 |
| TITLE                      |   | 5.1 TITLE   | Change Addition |
| NAME                       |   | 5.2 NAME  |                 |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |                 |
| CITY - ST - ZIP            |   | 5.4 CITY - ST - ZIP                                   |                 |
| TITLE                      |   | 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 do 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: Donna P. Wilson DONNA P. WILSON 4-28-97 941-267-2717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0400145

CR2E034 (9/96)