

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 AM 9:21

DOCUMENT # **H10344** (0)
1. Corporation Name
JDBS, INC.

Principal Place of Business Mailing Address
327 E. HIGHBANKS RD. **327 E. HIGHBANKS RD.**
P. O. BOX 128 **P. O. BOX 128**
DEBARY FL 32713 **DEBARY FL 32713**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/29/1984** 3a. Date of Last Report **05/18/1994**
4. FEI Number **59-2420676** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
BAGWELL, JAMES L.
560 BERNASEK DR
DEBARY FL 32713

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | P |
| NAME | BAGWELL, JAMES L. |
| STREET ADDRESS | 560 BERNASEK DRIVE |
| CITY-ST-ZIP | DEBARY FL |
| TITLE | S |
| NAME | SHALETT, CHARLES |
| STREET ADDRESS | 505 DELTONA BLVD. |
| CITY-ST-ZIP | DELTONA FL |
| TITLE | VP |
| NAME | FLYNN, WILLIAM J. |
| STREET ADDRESS | 32213 CHIPPEWA AVE. |
| CITY-ST-ZIP | DELAND FL |
| TITLE | T |
| NAME | PUGH, HARRY D. |
| STREET ADDRESS | 212 CROWN OAKS WAY |
| CITY-ST-ZIP | LONGWOOD FL |
| TITLE | VP |
| NAME | WEBER, STEVEN |
| STREET ADDRESS | 33 CHEROKEE CT W |
| CITY-ST-ZIP | PALM COAST FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | 2375 Crest Ridge Ct. |
| 4.4 CITY-ST-ZIP | Sanford, FL 32771-8326 |
| 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: James Bagwell 3/16/95 407-668-4468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)
James Bagwell, President