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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

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

FILED Feb 02 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/29/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2420676 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes _□ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BAGWELL, JAMES L 560 BERNASEK DR Street Address (P.O. Box Number is Not Acceptable) DEBARY FL 32713 83 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 Signatura, typed or printed name of registered agent and little if applicable (NOTE. Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition BAGWELL, JAMES L. NAME 1.2 NAME **560 BERNASEK DRIVE** STREET ADORESS 1.3 STREET ADDRESS DEBARY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE Change 2.1 TITLE Addition NAME SHALETT, CHARLES 2.2 NAME 505 DELTONA BLVD. STREET ADDRESS 2.3 STREET ADDRESS DELTONA FL CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Addition Change 3.1 TITLE FLYNN, WILLIAM J. NAME 3.2 NAME 32213 CHIPPEWA AVE. STREET ADDRESS 3.3 STREET ADDRESS DELAND FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE XX Change Addition NAME PUGH, HARRY D. 4. 2 NAME 1409 Chichester St. 2375 CREST RIDGE CT STREET ADDRESS 4.3 STREET ADDRESS SANFORD FL Orlando, FL CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE ___ DELETE Change Addition 5.1 TITLE WEBER, STEVEN NAME 5.2 NAME 33 CHEROKEE CT W STREET ADDRESS 5.3 STREET ADDRESS PALM COAST FL CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change ___ Addition NAME 5.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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:

1/12/98

407-662-4468