

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Monahan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H92013 (2)

1. Corporation Name
JO-DAR-KEV, INC.



Principal Place of Business 29 SOUTH BROOKSVILLE AVENUE BROOKSVILLE FL 34601-9997	Mailing Address P O BOX 63 BROOKSVILLE FL 34605-0063 US
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3. Date Incorporated or Qualified 12/30/1985	3a. Date of Last Report 08/22/1995
4. FEI Number 59-2624217	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P.O. Box 63
22 City & State	27 Suite, Apt. #, etc.
23 Zip	28 City & State
24 Country	29 Zip
25	30 Country

9. Name and Address of Current Registered Agent

**JOHNSTON, JOSEPH E., JR.
29 S. BROOKSVILLE AVE.
BROOKSVILLE FL 34601-9905**

10. Name and Address of New Registered Agent

81 Name
J. E. Johnston III

82 Street Address (P.O. Box Number is Not Acceptable)
15 Alta Vista Ave.

83

84 City
Brooksville

85 Zip Code
FL 34601

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]* (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSTON, JOSEPH E., III	
STREET ADDRESS	15 ALTA VISTA AVE P O BOX 63	
CITY - ST - ZIP	BROOKSVILLE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	JOHNSTON, DARRYL W.	
STREET ADDRESS	29 S. BROOKSVILLE AVE.	
CITY - ST - ZIP	BROOKSVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOHNSTON, KEVIN T.	
STREET ADDRESS	29 S. BROOKSVILLE AVE.	
CITY - ST - ZIP	BROOKSVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	900001873719
5.3 STREET ADDRESS	-06/24/96--01055--006
5.4 CITY - ST - ZIP	***225.00
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE BY: *[Signature]* 6/5/96 352-799-3004

DATE OF SIGNATURE: **06-24-96** OR

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____

CR2E034 (3/96)