2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

0643115 AT

DOCUMENT # H92013

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

Principal Place of Business	Mailing Address
29 SOUTH BROOKSVILLE AVENUE	P.O. BOX 63
BROOKSVILLE FL 34601-9997	BROOKSVILLE FL 34805-0063
	US

2. Principal Place of Business | **3.** Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

☐ CHECK HERE IF MAKING CHANGES

Zip	Country	Zip	Country	**4.** FEI Number 59-2624217	Applied For
					Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
JOHNSTON, J.E. III	Name
15 ALTA VISTA AVE	Street Address (P.O. Box Number is Not Acceptable)
BROOKSVILLE FL 34601-9905	
	City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
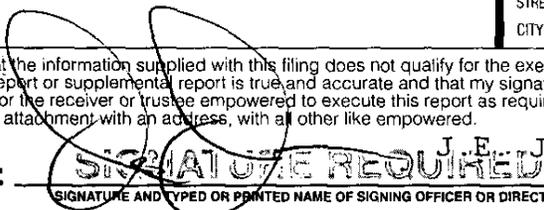
SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **PD** NAME **JOHNSTON, JOSEPH E., III** STREET ADDRESS **15 ALTA VISTA AVE P.O BOX 63** CITY-ST-ZIP **BROOKSVILLE FL**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **STD** NAME **JOHNSTON, DARRYL W.** STREET ADDRESS **29 S. BROOKSVILLE AVE.** CITY-ST-ZIP **BROOKSVILLE FL**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **VD** NAME **JOHNSTON, KEVIN T.** STREET ADDRESS **29 S. BROOKSVILLE AVE.** CITY-ST-ZIP **BROOKSVILLE FL**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (01/03)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _SIGNATURE REQUIRED_   J.E. Johnston III   6/26/03   352-796-5123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #