

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 31 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K94917 (7)
1. Corporation Name
JDI HOLDINGS INC.

Principal Place of Business Mailing Address
PO BOX 4379 PLANT CITY FL 33564 **PO BOX 4379 PLANT CITY FL 33564**

DO NOT WRITE IN THIS SPACE.

| | | | |
|--|--|--|--|
| 3. Date Incorporated or Qualified 06/13/1989 | | 3a. Date of Last Report 05/01/1994 | |
| 2. Principal Place of Business 21 | | 2a. Mailing Address 26 208 Village Drive | |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | |
| City & State 23 | | City & State 28 LaGrange, Ga. | |
| Zip 24 | | Zip 29 30240 | |
| Country 25 | | Country 30 USA | |

| | |
|--|--|
| 4. FEI Number 59-2953978 | Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|---|--|-----------------------------|--|
| 9. Name and Address of Current Registered Agent DIEHL, JOHN, C 715 SOUTH COLLINS STREET PLANT CITY FL 33566 | | | | 10. Name and Address of New Registered Agent | | | |
| 81 Name Linda Campbell | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| 83 1311 E. Baker St. | | | | 84 City Plant City | | | |
| | | | | 85 FL | | 86 Zip Code 33566 | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the statement for the purpose of changing its registered office or registered agent, 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 607.05, Florida Statutes.

SIGNATURE *Linda Campbell* *Linda Campbell* DATE **7/24/95**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------------|---|--|
| TITLE DPT | NAME DIEHL, JOHN, C | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 210 HIAWATHA TRAIL | CITY - ST - ZIP LAKELAND FL | 1.2 NAME | |
| | | 1.3 STREET ADDRESS 208 Village Dr. | |
| | | 1.4 CITY - ST - ZIP LaGrange, Ga. 30240 | |
| TITLE S | NAME DIEHL, JOHN, C | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS 210 HIAWATHA TRAIL | CITY - ST - ZIP LAKELAND FL | 2.2 NAME | |
| | | 2.3 STREET ADDRESS 208 Village Dr. | |
| | | 2.4 CITY - ST - ZIP LaGrange, Ga. 30240 | |
| TITLE | NAME | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY - ST - ZIP | 3.2 NAME | |
| | | 3.3 STREET ADDRESS | |
| | | 3.4 CITY - ST - ZIP | |
| TITLE | NAME | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY - ST - ZIP | 4.2 NAME | |
| | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY - ST - ZIP | |
| TITLE | NAME | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY - ST - ZIP | 5.2 NAME | |
| | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY - ST - ZIP | |
| TITLE | NAME | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | CITY - ST - ZIP | 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)(b), 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: *John C. Diehl* **JOHN C. DIEHL, Pres.** DATE **7/24/95** (706) 885-1026

CR2E034 (3/95)