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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000005537

1. Corporation Name

JCADS, INC.

Principal Place of Business

6815 DAIRY RD.
ZEPHYRHILLS FL 33540

Mailing Address

6815 DAIRY RD.
ZEPHYRHILLS FL 33540

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/25/1998	
22		27		4. FEI Number	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		59-3530837	
23		28		5. Certificate of Status Desired ☐	
City & State		City & State		\$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing	
Zip		Zip		Trust Fund Contribution ☐	
Country		Country		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

BAGGETT, JUDSON B
6815 DAIRY RD.
ZEPHYRHILLS FL 33540

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	President	1.2 NAME	Andrew D. Martin
STREET ADDRESS	Andrew	1.3 STREET ADDRESS	10913 Covey CT
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Tampa, FL 33549
TITLE	☐ DELETE	2.1 TITLE	Vice President
NAME		2.2 NAME	Judson B. Baggett
STREET ADDRESS		2.3 STREET ADDRESS	6815 Dairy Rd
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Zephyrhills, FL 33540
TITLE	☐ DELETE	3.1 TITLE	Director
NAME		3.2 NAME	ALLAN KELLY
STREET ADDRESS		3.3 STREET ADDRESS	1623 Robertson Trail
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Lutz, FL 33540
TITLE	☐ DELETE	4.1 TITLE	Director
NAME		4.2 NAME	Cecil G. McGowan Jr.
STREET ADDRESS		4.3 STREET ADDRESS	39132 7th Ave
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Zephyrhills, FL 33540
TITLE	☐ DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

JUDSON B. BAGGETT 1/6/98 (813) 788-2555
 Date Daytime Phone #

CR2E037 (1/98)