

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Matheson
Secretary of State
1900 Florida Department of State Building

APPROVED
AND
FILED

95 APR 28 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000051790 (1)

1. Corporation Name
JDL OF NAPLES, INC.

Principal Office Address: 1858 APATAKI COURT MARCO ISLAND FL 33937
Mailing Address: 1858 APATAKI COURT MARCO ISLAND FL 33937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created 07/11/1994	3a. Date of Last Report
4. FEI Number 65-0506391	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 § 197.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Office of Business 21. State Apt. # etc. 22. City & State	25. Mailing Address 26. State Apt. # etc. 27. City & State
24. Name 25. Title	29. Name 30. Title

9. Name and Address of Current Registered Agent VOLPE, MICHAEL J 2660 AIRPORT ROAD SOUTH NAPLES FL 33962	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
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11. Pursuant to the provisions of Sections 607.01(4)(c) and 607.01(4)(d), Florida Statutes, this 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 this appointment as registered agent. I am familiar with and accept the filing requirements of Section 607.01(4)(c), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (SEE 12)																																					
<table border="1"> <tr> <td>PTD</td> <td>RYAN, JOSEPH R</td> <td>1858 APATAKI COURT</td> <td>MARCO ISLAND FL 33937</td> </tr> <tr> <td>SD</td> <td>RYAN, LAURA R</td> <td>1858 APATAKI COURT</td> <td>MARCO ISLAND FL 33937</td> </tr> <tr> <td>VD</td> <td>REDONDO, DARMA M</td> <td>1858 APATAKI COURT</td> <td>MARCO ISLAND FL 33937</td> </tr> </table>	PTD	RYAN, JOSEPH R	1858 APATAKI COURT	MARCO ISLAND FL 33937	SD	RYAN, LAURA R	1858 APATAKI COURT	MARCO ISLAND FL 33937	VD	REDONDO, DARMA M	1858 APATAKI COURT	MARCO ISLAND FL 33937	<table border="1"> <tr> <td>1. NAME</td> <td>2. STREET ADDRESS</td> <td>3. CITY</td> <td>4. ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>5. NAME</td> <td>6. STREET ADDRESS</td> <td>7. CITY</td> <td>8. ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>9. NAME</td> <td>10. STREET ADDRESS</td> <td>11. CITY</td> <td>12. ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>13. NAME</td> <td>14. STREET ADDRESS</td> <td>15. CITY</td> <td>16. ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>17. NAME</td> <td>18. STREET ADDRESS</td> <td>19. CITY</td> <td>20. ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> </table>	1. NAME	2. STREET ADDRESS	3. CITY	4. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	5. NAME	6. STREET ADDRESS	7. CITY	8. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	9. NAME	10. STREET ADDRESS	11. CITY	12. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	13. NAME	14. STREET ADDRESS	15. CITY	16. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	17. NAME	18. STREET ADDRESS	19. CITY	20. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.01(4)(c) Florida Statutes. I further certify that the information included in 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. If there are officers or directors of this corporation for the removal or replacement of whom I am empowered to make this report as required by Chapter 107, Florida Statutes, and that my name appears on Block 12, or Block 13, of this filing, I do hereby certify that I am familiar with and accept the filing requirements of Section 607.01(4)(c), Florida Statutes.

SIGNATURE: *Joseph Ryan* *Secy.* 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR