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 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #**1. Corporation Name G15636 (5)JRD., INC. Principal Place of Business Mailing Address 4779 WOOD DUCK CR PO BOX 644442 VERO BEACH FL 32967 VERO BEACH FL 32964 3. Date Incorporated or Qualified 3a. Date of Last Report 12/23/1982 05/10/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2246353 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 2202 6th 22 Fee Required City & State 6. Election Campaign Financing **\$5.00** May Be 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199 032 29 Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent SPINELLI EASTON, JANICE 4779 WOOD DUCK CIRCLE VERO BEACH FL 32967 Zip Code Berch Vero 32962 11. Pursuant to the provisions of Sections 607,0502 and 60X 1508. Florida Statutes the above-named corporation submits this statement for the purpose of changing its registered agent. For both, in the State of Florida Suich change was autiliorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0503. Elorida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3.6)TITLE PD DELETE 1.1 TITLE Change Addition NAME **EASTON, JANICE** EASTON 1.2 NAME CR2E034 STREET ADDRESS 7411 PERIWINKLE DRIVE 1.3 STREET ADDRESS SARASOTA, FL 00000 14 CITY - ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP TITLE DELETE 61 TITLE Change \_\_\_\_ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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)(x), 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 13 if changed, or on an attachment with an address. Dog. 6-20-96 SIGNATURE: SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

SANICE SINCLLI EASTAN 561-567-0917