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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:53

DOCUMENT # H23421 (1)

1. Corporation Name
JADCO, INC.

Principal Place of Business
P.O. BOX 6243
GULF BREEZE FL 32561

Mailing Address
P.O. BOX 6243
GULF BREEZE FL 32561

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/12/1984
3a. Date of Last Report: 06/17/1994
4. FEI Number: 64-0720335 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes [ ] Yes [X] No

2. Principal Place of Business
21 1446 Sterling Point Drive
Suite, Apt. #, etc.
22
City & State
23 Gulf Breeze, FL
Zip 24 32561 Country 25 U.S.A.

2a. Mailing Address
26 1446 Sterling Point Drive
Suite, Apt. #, etc.
27
City & State
28 Gulf Breeze, FL
Zip 29 32561 Country 30 U.S.A.

9. Name and Address of Current Registered Agent

DUNN, PHILIP S.
1446 STERLING POINT DIRVE
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DUNN, PHILIP S.
STREET ADDRESS	1446 STERLING POINT DRIVE
CITY ST ZIP	GULF BREEZE FL
TITLE	SDT
NAME	DUNN, JUDY A.
STREET ADDRESS	1466 STERLING POINT DRIVE
CITY ST ZIP	GULF BREEZE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

(Six blank entries: TITLE, NAME, STREET ADDRESS, CITY ST ZIP — [ ] Change [ ] Addition)

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _______ 01-14-95 800-753-3430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Philip Dunn

0470607 FP