FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H23421** **(1)**

1. Corporation Name

JADCO, INC.

Principal Place of Business	Mailing Address
1446 STERLING POINT DR GULF BREEZE FL 32561 US	1446 STERLING POINT DRIVE GULF BREEZE FL 32561 US

2. Principal Place of Business	2a. Mailing Address
21 **3159 Cobblestone Drive**	26 **c/o 3159 Cobblestone Drive**
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: **Pace, Florida**	28 City & State: **Pace, Florida**
24 Zip: **32571** 25 Country: **Santa Rosa**	29 Zip: **32571** 30 Country: **Santa Rosa**

3. Date Incorporated or Qualified: **09/12/1984**
3a. Date of Last Report: **01/19/1995**
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 ☒ No

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: **Philip Shaw:, Dunn**
82 Street Address (P.O. Box Number is Not Acceptable): **c/o 3159 Cobblestone Drive**
83
84 City: **Pace,** **FL** 85 Zip Code: **32571**

11. Pursuant to the provisions of Sections 607.0505 and 607.1006, 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 I accept the duties of, Section 607.0505, Florida Statutes.

SIGNATURE: **Philip Shaw:, Dunn** **Without Prejudice UCC 1-207** DATE: **01-19-96**
(If the Registered Agent is an individual, he must sign.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	11 TITLE	PD ☒ Change ☐ Addition
NAME	DUNN, PHILIP S.	12 NAME	Philip Shaw:, Dunn
STREET ADDRESS	1446 STERLING POINT DRIVE	13 STREET ADDRESS	c/o 3159 Cobblestone Drive
CITY-ST-ZIP	GULF BREEZE FL	14 CITY-ST-ZIP	Pace, Florida 32571
TITLE	SDT ☐ DELETE	21 TITLE	SDT ☒ Change ☐ Addition
NAME	DUNN, JUDY A.	22 NAME	Judith Ann:, Dunn
STREET ADDRESS	1466 STERLING POINT DRIVE	23 STREET ADDRESS	c/o 3159 Cobblestone Drive
CITY-ST-ZIP	GULF BREEZE FL	24 CITY-ST-ZIP	Pace, Florida 32571
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (12/95)

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 added by an attachment with an address.

SIGNATURE: **Without Prejudice UCC 1-207** **01-19-96** **(800) 753-3430**
Phillip Shaw:, Dunn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #