## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARIMENT DE STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H55210

JDN PROPERTIES, INC. Mailing Address Principal Place of Business 909 OAKWOOD DRIVE 909 OAKWOOD DRIVE LARGO FL 34640 **LARGO FL 34640** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/03/1985 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2554773 Not Applicable Suite, Apl. #, etc. \$8.75 Additional Suite, Apt. #. etc 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Country Zio 8. This corporation owes or has paid the current year Intangible Zip X Yes Personal Property Tax due June 30. 24 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CAROLLO, JOSEPH J. 909 OAKWOOD DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **LARGO FL 34640** 83 64 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. DATE (NOTE Registered Agent signature required when reinstating) Signature, typed or profed name of registered agent and trie if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change 1.1 THE TITLE CAROLLO, JOSEPH J. NAME 1.2 NAME 14950 ROOSEVELT BLVD. 1.3 STREET ADDRESS STREET ADDRESS **CLEARWATER FL** 1.4 CITY-ST-ZIP CITY-S1-ZIP Addition DELETE ☐ Change 21 THUE TITLE NAME 22 NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CHY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 DILE TOL€ 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 4.1 DILE 4.2 NAMI NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CH1Y-ST-7IP DITY-ST-ZIP Addition DELETE ☐ Change 5.1 DILE THILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 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 of 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 or an attachment with an address.

6.1 TITLE

62 NAME

6.3 STREET ADDRESS

DELETE

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

Addition

Change

**FILED** 

Jan 16 1998 8:00am

Secretary of State