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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J73196

(4)

J.T. & D. ENTEPRISES, INC.

FILED										
May 08	1997	8:00am								
Secre	tary of	f State								

Principal Plac % DARLENE M 504 N. BROAD BROOKSVILLE	I. Terry Street	% D/ 504 (ing Address Arlene M. Terry N. Broad Street Oksyille Fl. 34601-	2929						
							3. Date Incorporated or Qualified 05/18/1987		te of Last 10/1996	
2. Principal P	lace of Business	2a. N	Mailing Address				4. FEI Number			Applied For
21		26					59-2804788			Not Applicable
Suite, Apt.	W. OLC.	27	Suite, Apt. #, etc.			·	5. Certificate of Status Desired		4	Additional Required
City & Stat	e		City & State				6. Election Campaign Financing			0 May Be
23		28					Trust Fund Contribution			d to Fees
Zip	Country	├	ip.	Cour	ntry	/	8. This corporation has liability for			s. 199.032.
24	25	29		30				Yes		
	9. Name and Address of Cur	rent Hegiste	red Agent		81	Name	10, Name and Address of New Re	gistered .	Agent	
	RY, DARLENE M.				01	INGITIES				
	N. BROAD STREET OOKSVILLE FL 33512			ſ	82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
DNL	ONOVILLE EL 33312			ŀ	83					
				ſ	84	City		FL	85 Zip	o Code
11 Purcuant	to the equisions of Sections 607.0	1502 and 607	1508 Florida Stati	ites the et	MV.	e-named con	poration submits this statement for the ption's board of directors. I hereby access		changing	ite registere
agent La	m familiar with, and accept the ob-	digations of, S	Section 607.0505, F	lorida Stati	utes	S.	ired when reinstating)	DATE		
12.	OFFICERS A	AND DIRECT	ORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTO	ORS IN 12
THUE	STD		DELETE	1.1 Tit	Lŧ				Change	Additio
NAME	TERRY, DARLENE M.			1.2 NA	ME	Î				
STREET ADDRESS	10364 CARLIN DRIVE			1.3 ST	REET	T ADDRESS				
CITY - \$1 - 74°	BROOKSVILLE FL			1.4 CI	Y-5	ST-ZIP				
THE	P		☐ DELETE	2.1 111	LE	}		ŧ	Change	e 🔲 Additio
NAMÉ	TERRY, JERRY BERNARD			2.2 NA	ME					
STREET ADDRESS	10264 CARLIN DRIVE			2.3 ST	REET	T ADDRESS				
CHT-ST ZIP	BROOKSVILLE FL		<u> </u>			ST-ZIP		*********		1.700
Tillif			[_] DELETE	3.1 TIT					Change	Addition
NAME				3.2 NA						
STREET ADDRESS						1 ADDRESS				
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TITLE			L_] DELETE	4.1 111					L. Criange	, MOUING
NAMI				4 2 N		1				
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THE			DECETE	5.1 TIT					- Compa	Addition
NAM:				5.2 NA						
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Tifte			F"1 DEFEIE	6.1 717					டா வளர்	, L.J Muutik
NAME OTICAL ADSDUCCO				6.2 NA						
STREET ADORESS						T ADORESS				
CITY ST-ZP	1			64 CI	1Y-5	ST-ZIP				

14. I do 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 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:

SIGNATURE AND TYPED UK ARRIVED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-97 352-7763475