FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J75373** **(7)**

1. Corporate Name
JODAC, INC.

Principal Place of Business	Mailing Address
1238 SE 14TH AVENUE 1238 SE 14TH AVE. OCALA FL 32671 US	1238 SE 14TH AVENUE 1238 SE 14TH AVE. OCALA FL 32671 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/01/1987**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. # or Bldg. (22)	Suite, Apt. # or Bldg. (27)
City & State (23)	City & State (28)
Zip (24) / County (25)	Zip (29) / County (30)

4. FEI Number: **59-2463021** ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LANDT, FREDERICK E., III 445 N.E. 8TH AVENUE OCALA FL 32670	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 Section 607.325, and 607.1908, 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1. TITLE	☐ Change ☐ Addition
NAME	MORTON, JOHN C., JR.	2. NAME	
STREET ADDRESS	5230 NE 24TH ST	3. STREET ADDRESS	
CITY, ST, ZIP	OCALA FL	4. CITY, ST, ZIP	
TITLE	PD	5. TITLE	☐ Change ☐ Addition
NAME	LAFFEY, DAVID N.	6. NAME	
STREET ADDRESS	115 NE 8TH AVE	7. STREET ADDRESS	
CITY, ST, ZIP	OCALA FL	8. CITY, ST, ZIP	
TITLE	T	9. TITLE	☐ Change ☐ Addition
NAME	LAFFEY, CHERYL W.	10. NAME	
STREET ADDRESS	115 NE 8TH AVE	11. STREET ADDRESS	
CITY, ST, ZIP	OCALA FL	12. CITY, ST, ZIP	
TITLE	S	13. TITLE	☐ Change ☐ Addition
NAME	MORTON, ROSEANN C.	14. NAME	
STREET ADDRESS	5230 NE 24TH ST	15. STREET ADDRESS	
CITY, ST, ZIP	OCALA FL	16. CITY, ST, ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	
TITLE		21. TITLE	☐ Change ☐ Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report is true, complete 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 attachment with an address.

SIGNATURE: Cheryl W. Laffey
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

4/28/95
Date

904-622-5225
Daytime Phone

0350878 CP