FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAR -2 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **L35273** **(6)**

1. Corporation Name
J & D MANUFACTURING COMPANY

Principal Place of Business	Mailing Address
330 SCARLET BLVD P. O. BOX 1945 OLDSMAR FL 34677-3018	330 SCARLET BLVD P. O. BOX 1945 OLDSMAR FL 34677-3018

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/06/1989
3a. Date of Last Report: 03/02/1994

2. Principal Place of Business
21 375 Mears Blvd.
Suite, Apt. #, etc. 22
City & State 23 Oldsmar, FL 34677
Zip 24 34677 Country 25

2a. Mailing Address
26 P.O. Box 1945
Suite, Apt. #, etc. 27
City & State 28 Oldsmar, FL 34677-3018
Zip 29 Country 30

4. FEI Number: 65-0159880 ☐ 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

PAGE, VICKI L
601 BAYSHORE BLVD STE 800
TAMPA FL 33606

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	VILLA, JAMES L	1.2 NAME	Villa, James L
STREET ADDRESS	330 SCARLET BLVD	1.3 STREET ADDRESS	375 Mears Blvd.
CITY-ST-ZIP	OLDSMAR FL	1.4 CITY-ST-ZIP	Oldsmar, FL 34677
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	KAERCHER, DAVID	2.2 NAME	Kaercher, David
STREET ADDRESS	330 SCARLET BLVD	2.3 STREET ADDRESS	375 Mears Blvd.
CITY-ST-ZIP	OLDSMAR FL	2.4 CITY-ST-ZIP	Oldsmar, FL 34677
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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: David M. Kaercher DAVID M. KAERCHER 2/22/95 (813)854-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0460068 FP