Feb 24, 1999 8:00 am Secretary of State 02-24-1999 90077 047 ***150.00

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

-PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999	No.	DIVISION OF CORPORATIONS
DOCUMENT #	M07614	
J&D CON ENTERPRIS	SES INC.	
Principal Place of Business		Mailing Address
11300 SHADY LANE		11300 SHADY LANE
PLANTATION FL 33325		PLANTATION FL 33325

Fillicipal Flace of Bu	3111633	14	idiling Addices			1			
11300 Shady Lane Plantation FL 33325	;		300 Shady Lane Antation FL 33325				DO NOT WRITE IN THIS	SPACE	:
						3.	Date Incorporated or Qualifed 11/09/1984		
2. Principal Place of	Business	2a	. Mailing Address			4.	'FEI Number .		Applied For
<u> </u>		26					65-0005003		Not Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5.	Certificate of Status Desired	• -	75 Additional e`Required´
City & State		28	City & State			6.	Election Campaign Financing Trust Fund Contribution	• -	.00 May Be ded to Fees
Zip	Country		Zip Cou	ntry	'	8.	This corporation owes the current year Int		
4	25	29	30				Personal Property Tax.	Yes	□No
9. 1	Name and Address of Curren	t Regi	stered Agent]		10.	Name and Address of New Registered	Agent	
CONRAD, 519 NE 20) 3 T	C.	horice Addness	81 82		ss (F	P.O. Box Number is Not Acceptable)		
	e-suite-third floo r Ianors-fl-3330 5		7	83	1130	0	Spady Love		
- *************************************			,	84	City Plan	πa	カov FL	85	Zip Code 333355

PLANTATION 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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP □ DELE	TE 1.1 TITLE	☐ Change ☐ Addition
NAME -	CONRAD, DENNIS	1.2 NAME	
STREET ADDRESS	11300 SHADY LANE	1.3 STREET ADDRESS	;
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	D DELE	TE 2.1 TITLE	☐ Change ☐ Addition
NAME	CONRAD, STEVE	2.2 NAME	
STREET ADDRESS	5325 PINE CREST RD	2.3 STREET ADDRESS	;
CITY-ST-ZIP	YOUNG HARRIS GA 30582	2.4 CITY-ST-ZIP	
TITLE	□ 0ELE	TE 3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP	<u></u>	3.4. CITY-ST-ZIP	
TITLE	□ DELE	TE 4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	·
CITY-ST-ZIP		4.4 CITY- ST- ZIP	
TITLE	□ DELE	TE 5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY- ST- ZIP	
TITLE	☐ DELE	TE 6.1 TITLE	☐ Change ☐ Addition
NAME	_	6.2 NAME	,
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP	atif, that the information or malind with this filing door not guar	6.4 CITY-ST-ZIP	d in Section 110 07/3Vi) Florida Statutes. I further certify that the information

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 informationated 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 feceiver 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 anyaddress, with all other like empowered.