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 APR 27 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****400.00 ****200.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # **M49141** **(8)**

1. Corporation Name
JODICO, INC.

Principal Place of Business	Mailing Address
C/O JOSEPH P. BISIGNANO ~~13825 GREENTREE TRL~~ ~~W.PALM BCH FL 33414~~	C/O JOSEPH P. BISIGNANO ~~13825 GREENTREE TRL~~ ~~W.PALM BCH FL 33414~~

3. Date Incorporated or Qualified: 03/26/1987
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business
21: 6415 Lake Worth Rd
22 Suite, Apt. #, etc: Suite 209
23 City/State: Greenacres FL
24 Zip: 33463
25 Country: Palm Bch.

2a. Mailing Address
26
27 Suite, Apt. #, etc: - Same -
28 City & State
29 Zip
30 Country

4. FEI Number: 59-2786999 ☐ 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

BISIGNANO, JOSEPH P.
13825 GREENTREE TRL
W.PALM BCH FL 33414

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 6415 Lake Worth Road
83: Suite 209
84 City: Greenacres FL 85 Zip Code: 33463

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	11 TITLE	☐ Change ☐ Addition
NAME	BISIGNANO, JOSEPH P.	12 NAME	
STREET ADDRESS	13825 GREENTREE TRL	13 STREET ADDRESS	6415 Lake Worth Road, Suite 209
CITY ST ZIP	W.PALM BCH FL	14 CITY ST ZIP	Greenacres FL 33463
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BISIGNANO, DIANE T.	22 NAME	
STREET ADDRESS	13825 GREENTREE TRL	23 STREET ADDRESS	
CITY ST ZIP	W.PALM BCH FL	24 CITY ST ZIP	- Same -
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	4/27/95 MST
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: Diane T Bisignano — April 19, 1995 — 407 357 0086 / 407 790 2075
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0952100 CP