FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

3-27-96 B-27168 -C

DOCUMENT # **P15642** (2)

1. Corporation Name

JEDEST INC.

Principal Place of Business	Mailing Address
8865 MIDNIGHT PASS RD SARASOTA FL 34242 US	8865 MIDNIGHT PASS RD SARASOTA FL 34242 US

3. Date Incorporated or Qualified: **08/19/1987**

3a. Date of Last Report: **04/25/1995**

4. FEI Number: **34-1553993** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26 6550 SEVILLE DR
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE A
City & State 23	City & State 28 CANFIELD OH
Zip 24 / Country 25	Zip 29 44406 / Country 30 MAHONING

9. Name and Address of Current Registered Agent

STEPHENSON, JOHN
8865 MIDNIGHT PASS ROAD
SIESTA KEY. FL 34242

10. Name and Address of New Registered Agent

81 Name: A.T. DeCrow, Jr.
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1008, 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: A.T. DeCrow, Jr.,President DATE: 3-19-96

Signature required of registered agent and title if applicable. Typed or printed name of registered agent and title if applicable. Required Agent signature for change of registered agent.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VTD	☐ DELETE	1.1 TITLE	P/T/D	☒ Change ☐ Addition
NAME	DECROW, ANTHONY JR.		1.2 NAME		
STREET ADDRESS	9393 MIDNIGHT PASS RD, #502N		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE	S/D	☐ Change ☒ Addition
NAME	STEPHENSON, JOHN		2.2 NAME	Susan Johnston	
STREET ADDRESS	5402 BENEVA WOOD CIR.		2.3 STREET ADDRESS	857A Superior Ave.	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	Salem OH 44460	
TITLE	SD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JENKINS, DOUGLAS C.		3.2 NAME		
STREET ADDRESS	1332 HIGHLAND E.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SALEM OH		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: A.T. DeCrow, Jr., Pres. 3-19-96 330-533-8526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #