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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P15642

(2)

1. Corporation Name
JEDEST INC.

Principal Place of Business

8865 MIDNIGHT PASS RD
SARASOTA FL 34242
US

Mailing Address

6550 SEVILLE DRIVE
SUITE A
CANFIELD OH 44406-9138
US

3. Date Incorporated or Qualified

08/19/1987

3a. Date of Last Report

03/27/1996

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

9. Name and Address of Current Registered Agent

DECROW, A T J
8865 MIDNIGHT PASS ROAD
SIESTA KEY, FL 34242

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 607.0001 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 607.0005, Florida Statutes.

SIGNATURE

X

(NOTE: Registered Agent signature required when reinstating)

1/9/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PTD
DECROW, ANTHONY JR.
STREET ADDRESS
9393 MIDNIGHT PASS RD, #502N
CITY-ST-ZIP
SARASOTA FL

TITLE ☐ DELETE

NAME
SD
JOHNSTON, SUSAN
STREET ADDRESS
857A SUPERIOR AVE
CITY-ST-ZIP
SALEM OH

TITLE ☒ DELETE

NAME
SD
JENKINS, DOUGLAS C.
STREET ADDRESS
1332 HIGHLAND E.
CITY-ST-ZIP
SALEM OH

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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 its 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 or in an attachment with an address.

SIGNATURE: X

A.T. DeLeon Jr

Date

Daytime Phone #

1/9/97 330-533-8526

CR2E034 (9/96)