

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

SS MAY 1 11:05 95

SENT BY REGISTER
TALLahassee, FLORIDA

DOCUMENT # **P27636** (0)

JBD COMMUNICATIONS, INC.

(DO NOT WRITE IN THIS SPACE)

Principal Office (P.O. Box): 70 SHERWOOD SQUARE JACKSONVILLE FL 32208	Mailstop Address: 70 SHERWOOD SQUARE JACKSONVILLE FL 32208
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3. Date of Preparation of Report: 01/09/1990	3a. Date of Last Report: 06/10/1994
4. FLE Number: 58-1865918	Applied For: <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 1981(3)(2), Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Office of Contact: Name: Agent 22. State Agent # City & State	28. Mailing Address: State Agent # City & State
24. Agent: 25. Authority: 29. Agent: 30. Authority:	

9. Name and Address of Current Registered Agent: MAIDEN, DEBORAH L. 8253 WORM WOOD ROAD JACKSONVILLE FL 32210	10. Name and Address of New Registered Agent: 81. Name: 82. Street Address (P.O. Box Number is Not Acceptable): 83. City: 84. City: FL 85. Zip Code:
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11. Pursuant to the provisions of Sections 607.0907 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 understand the obligations of the agent as set forth in 607.0907, Florida Statutes.

SIGNATURE: *Deborah L. Maiden* **Deborah L. Maiden, President** 4/26/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY & STATE	P MAIDEN, DEBORAH L. 8253 WORM WOOD RD JACKSONVILLE FL	1. TITLE 2. NAME 11. STREET ADDRESS 11. CITY & STATE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1467- Clyde St. Jacksonville, Fl. 32208
1. TITLE NAME STREET ADDRESS CITY & STATE	ST BATTLE, BARBARA A. 1846 HWY 42 S FLOVILLA GA	2. TITLE 2. NAME 21. STREET ADDRESS 21. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE NAME STREET ADDRESS CITY & STATE		3. TITLE 3. NAME 31. STREET ADDRESS 31. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE NAME STREET ADDRESS CITY & STATE		4. TITLE 4. NAME 41. STREET ADDRESS 41. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE NAME STREET ADDRESS CITY & STATE		5. TITLE 5. NAME 51. STREET ADDRESS 51. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. TITLE NAME STREET ADDRESS CITY & STATE		6. TITLE 6. NAME 61. STREET ADDRESS 61. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied herein is true, correct, and complete and that the corporation is duly organized and in good standing under the laws of the State of Florida and that the corporation shall have the necessary authority and power to carry out the purposes of this report and that the report is prepared by a person duly qualified to prepare the report as required by Chapter 447, Florida Statutes, and that the report is prepared in accordance with the provisions of Chapter 447, Florida Statutes.

SIGNATURE: *Deborah L. Maiden* **Deborah L. Maiden** 4/26/95 (904) 766-9955