

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P27636** (0)

1. Corporation Name

JBD COMMUNICATIONS, INC.



Principal Place of Business

70 SHERWOOD SQUARE
JACKSONVILLE FL 32208

Mailing Address

70 SHERWOOD SQUARE
JACKSONVILLE FL 32208

2. Principal Place of Business

2a. Mailing Address

21	State, A.D., etc.	26	State, A.D., etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

MAIDEN, DEBORAH L.
~~8253 WORM WOOD ROAD~~
JACKSONVILLE FL 32240

3. Date Incorporated or Qualified	3a. Date of Last Report
01/09/1990	05/01/1995
4. FEI Number	Applied For
58-1865918	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. 199.032, Florida Statutes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Name and Address of New Registered Agent	

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	1105- Carlotta Road W.
84	City
85	Zip Code
FL	32211

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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 607.0604, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MAIDEN, DEBORAH L.	
STREET ADDRESS	1467 CLYDE STREET	
CITY, ST, ZIP	JACKSONVILLE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BATTLE, BARBARA A.	
STREET ADDRESS	1846 HWY 42 S	
CITY, ST, ZIP	FLOVILLA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	1105- Carlotta Rd. W.
14 CITY, ST, ZIP	Jacksonville, Fl. 32211
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY, ST, ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY, ST, ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY, ST, ZIP	

14. I hereby certify that the information appearing in this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or sample annual report by law and a separate and duly signed statement have the same legal effect as if made under oath, that I am an officer or director of the corporation or the trustee, partner, or sole proprietor of the company. This report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 if changed, or omitted, if correct with an address.

SIGNATURE: *Deborah L. Maiden* Deborah L. Maiden 4/2/96 (904) 766-9955

CR2E034 (12/95)