

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

DOCUMENT # **P28594 (0)**

1. Corporation Name
JDF SUMMIT COMMUNICATIONS, INC.



Principal Place of Business: **4659 VAN WINKLE PARK DRIVE JACKSON MS 39209**
Mailing Address: **4659 VAN WINKLE PARK DRIVE JACKSON MS 39209**

3. Date Incorporated or Qualified: **03/13/1990** 3a. Date of Last Report: **04/19/1995**
4. FEI Number: **64-0722293** 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 (21-24) 2a. Mailing Address (25-28)

9. Name and Address of Current Registered Agent: **C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, PLANTATION FL 33324**
10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUBALA, THOMAS E.	12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4569 VAN WINKLE PARK DR	13. STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	14. CITY-ST-ZIP	
TITLE	V	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARVIS, MICHAEL A.	22. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4659 VAN WINKLE PARK DR	23. STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS	24. CITY-ST-ZIP	
TITLE	SD	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIL, JOSEPH D.	32. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	925 SECOND STREET	33. STREET ADDRESS	
CITY-ST-ZIP	BAY SPRINGS MS	34. CITY-ST-ZIP	
TITLE	T	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIL, JOSEPH D	42. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	27 SO 2 STR	43. STREET ADDRESS	
CITY-ST-ZIP	BAY SPRINGS MS	44. CITY-ST-ZIP	
TITLE	D	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, MARION R.	52. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	925 SECOND STREET	53. STREET ADDRESS	
CITY-ST-ZIP	BAY SPRINGS MS	54. CITY-ST-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

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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: *TKubala* THOMAS E. KUBALA 1/23/96 (601) 922-7890

CR2E034 (12/95)