FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000023443 (3)

1. Corporation Name

SDJ OF ST. CLOUD, INC.

Principal Place of Business	Mailing Address
1361 WOODLAKE CIR. ST. CLOUD FL 34769 US	~~1303~~ SE 17TH STREET SUITE 204 OCALA FL 34471 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/24/1993
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 2303 SE 17th Street
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3103635 ☐ 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

MCINTEE, JOHN E
241 E. RUBY AVENUE
SUITE A
KISSIMMEE FL 34741

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 607.0502 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when manually)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	MOODY, J K	12 NAME	Mody spelling change
STREET ADDRESS	1361 WOODLAKE CIRCLE	13 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL 34769	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	MODY, DOROTHY	22 NAME	
STREET ADDRESS	1361 WOODLAKE CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL 34769	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MODY, STEVEN I	32 NAME	
STREET ADDRESS	1361 WOODLAKE CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL 34769	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MODY, NEELA	42 NAME	
STREET ADDRESS	1361 WOODLAKE CIRCLE	43 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL 34769	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MODY, GITA S	52 NAME	
STREET ADDRESS	1361 WOODLAKE CIRCLE	53 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL 34769	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MODY, SORAYA	62 NAME	
STREET ADDRESS	1361 WOODLAKE CIRCLE	63 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL 34769	64 CITY-ST-ZIP	

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)(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 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: J.K. Mody by Dee L. Pig j/c 3-4-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR 1138 CP